Manitoba

Annual Report 1988 - 89

Manitoba Health Services Commission

MANITOBA HEALTH SERVICES COMMISSION
ANNUAL REPORT - 1988/89
ERRATA

Page 72 - Title page should read "March 31, 1989".

90-01293/

Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

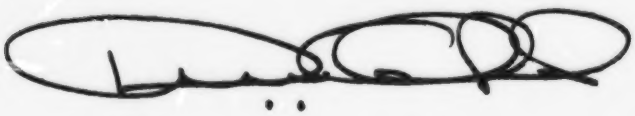
June 29, 1989

His Honour George Johnson, M.D.,
Lieutenant-Governor,
Province of Manitoba.

May It Please Your Honour:

I have the privilege to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period from April 1, 1988 to March 31, 1989.

Respectfully submitted,



Donald W. Orchard

Manitoba

Health

Manitoba Health
Services Commission

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

Winnipeg, June 29, 1989

The Honourable Donald W. Orchard,
Minister of Health
Province of Manitoba

Sir:

In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1988 to March 31, 1989.

Respectfully submitted,

W. K. Ziprick,
Chairman,
Manitoba Health Services Commission

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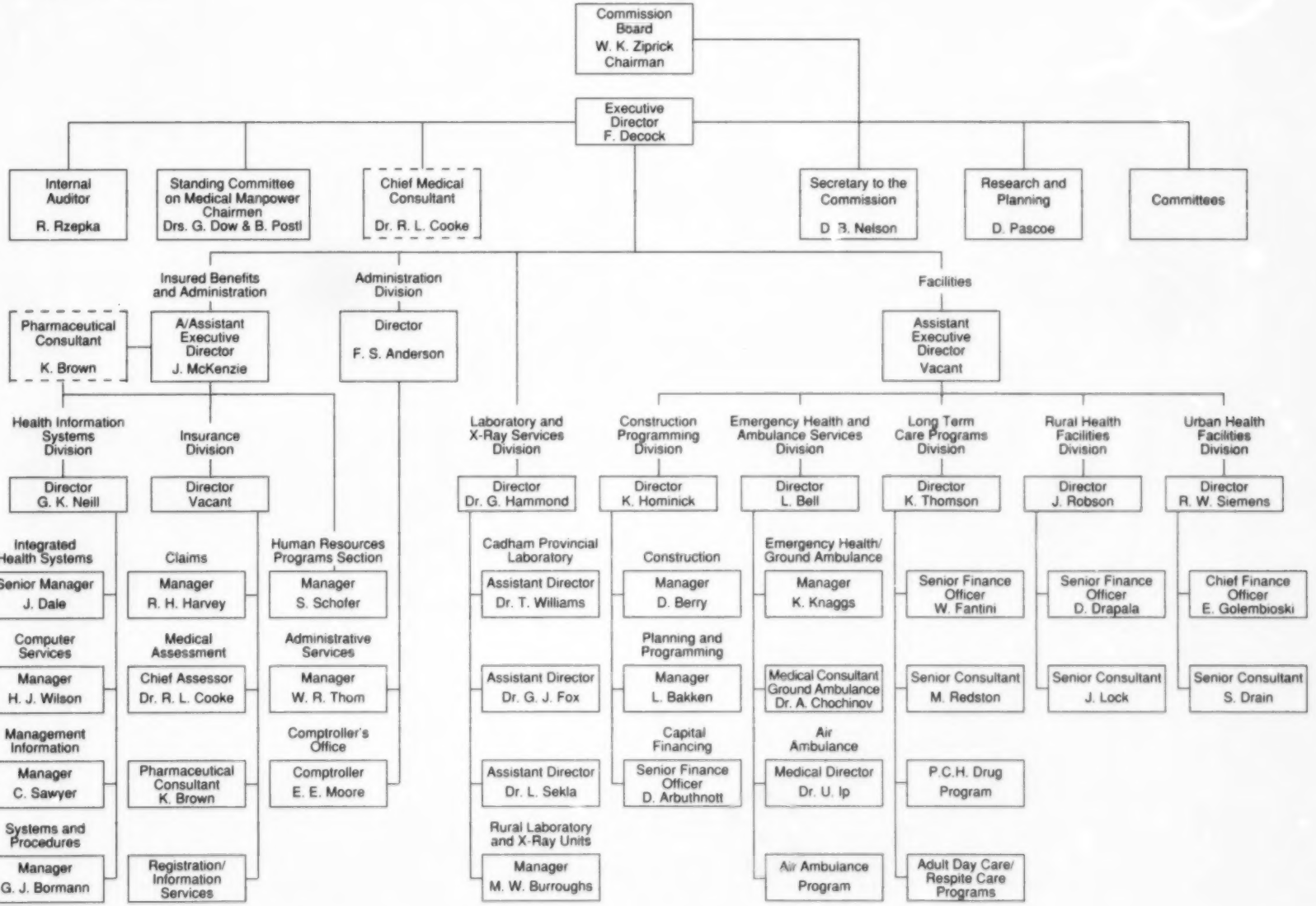
Organization Chart

As at March, 1989



Introduction

The Manitoba Health Services Commission administers the Manitoba Health Services Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The plan finances an integrated system of hospital care, medical treatment, personal care, pharmacare and other health services for Manitoba residents.

The Commission is headed by a board appointed by government and an executive director. Close liaison is maintained between the Commission and the Department of Health, which is responsible for administering public and community health programs, dental health services, institutional and community mental health programs, services to seniors, home care, hearing conservation services, maternal and child health services, health education, and health promotion and prevention programs.

The Commission has two Assistant Executive Directors — one in charge of insured benefits and one in charge of facilities. Eight divisions report to the Assistant Executive Directors and two to the Executive Director. These ten divisions are: Administration, Human Resourses, Insurance, Health Information Systems, Laboratory and X-ray Services, Urban Health Facilities, Rural Health Facilities, Long Term Care Programs, Construction Programming, and Emergency Health and Ambulance Services.

This annual report reviews the Commission's programs, explains its organization and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1988 to March 31, 1989.

Highlights of 1988/89

- The Commission and the Manitoba Medical Association signed a three-year agreement on April 25, 1988 that was retroactive to April 1, 1987. The agreement provides for a general increase to the fee schedule of three percent in each of the first two years and an adjusted COLA (cost of living) for the third year. The agreement also provides for a total of $5.3 million over the three years to "shore-up" areas within the fee schedule such as hospital psychiatric services, obstetrical and anaesthetic fees, and other specialties in which it is difficult to attract and keep physicians in Manitoba. In addition, a fund outside of the fee schedule was established to reimburse physicians for the significant increase in professional liability insurance. The cumulative three-year funding for liability insurance was agreed to at a maximum of $5.99 million.
- The Manitoba Health Services Commission introduced an Out-of-Province Transportation Subsidy Program, effective April 1, 1988. Residents are reimbursed for reasonable return transportation costs to the nearest centre in North America when referred outside of Manitoba by an appropriate medical specialist and the Commission has determined that the service could not have been adequately provided in Manitoba. The program assisted 250 patients and medical escorts during 1988/89 at a cost of $162,785.

  The Out-of-Province Transportation Subsidy Program together with the Northern Patient Transportation Program and the Air Ambulance Lifeflight Program, provide Manitobans with access to state-of-the-art medical treatment either within the province or elsewhere in North America.
- Effective April 1, 1988, Manitoba joined the physician reciprocal process billing program across Canada. (See page 16 for details).
- During 1988/89, the Commission adopted an improved funding formula for the ambulance grant program. (See page 23 for details).
- The majority of health care unions have settled for a three-year collective agreement for three percent wage increases in each of the first two years and a Consumer Price Index wage increase for the third year. Long term disability and weekend premiums were negotiated into most settlements.
- The Manitoba Health Services Commission provided $9.25 million through approved borrowing authorization for equipment which included the following:

  St. Boniface General Hospital — angiography x-ray system in the amount of $2,415,900.

  Brandon General Hospital — intensive care unit and telemetry equipment in the amount of $575,000.

  Victoria General Hospital — radiology upgrade and hematology analyzer in the amount of $501,000.

  Concordia General Hospital — radiology upgrade in the amount of $384,000.

  Cost saving equipment to various urban hospitals in the amount of $500,000 which should generate payback periods of 1/2 year to six years from savings anticipated.
- Construction of the pediatric intensive care unit at the Children's Hospital was completed resulting in an increase of beds from nine to 13. The cost of construction was $1.4 million. An additional 30.5 staff and supplies were approved for the unit at a total additional yearly operating cost of $1.4 million.
- In 1988/89, the last two bassinets were funded for the neonatal intensive care unit at the Children's Hospital bringing the unit to full operation (18 bas-

sinets). Additional funding of $209,400 was approved to support 4.8 staff and supplies cost for the additional two bassinets.

- On April 1, 1988, a new centralized laundry for the Brandon/Westman region was opened adjacent to the Brandon General Hospital. The total annual operating costs are approximately $1.4 million.
- Recognizing an increased demand on the maternal and child health program at the St. Boniface General Hospital, the Manitoba Health Services Commission agreed to provide an additional $386,400 to support program expansion sufficient to increase newborn deliveries from 4,000 to 4,200.
- A dedicated oncology treatment unit of 19 beds was opened at the Health Sciences Centre in October 1988. Additional staffing of 4.5 E.F.T. and related supplies were approved at a total additional yearly operating cost of $220,600.
- A new extra corporeal shock wave lithotriptor, purchased at a cost of $1,600,000 through approved borrowing, began operation at the Health Sciences Centre in 1988. The lithotriptor is a new treatment for kidney stones. Through the use of shock waves, kidney stones are pulverized into small particles which the patient passes naturally. This procedure eliminates the need for invasive surgery and can be carried out without admission to hospital and without anaesthetic. Manitoba Health Services Commission is funding $322,500 annually for operating costs associated with lithotriptor use.
- Manitoba Health Services Commission provided $838,600 grant funding towards the operating costs associated with the Health Sciences Centre Research floor and St. Boniface General Hospital Research Centre.
- A $2 million Life Support Supplies Fund was established for 1988/89. Funding was granted to nine health facilities to support oncology, dialysis, total parenteral nutrition, angioplasty, AZT (AIDS drug), pacemakers, cyclosporine (anti-rejection drug), activase (heart drug), neonatal intensive care and microbial (burn therapy) programs.

Manitoba Health Services Commission

Members to July 13, 1988
Evelyn Shapiro - Chairperson
T.R. Edwards, C.A. - Vice-Chairman
David Dandeneau
Francis Fox
Allan Rosky
Rene Toupin
Sue Wood, M.D.

D.B. Nelson - Secretary

Members from July 13, 1988
W.K. Ziprick, C.A. - Chairman
Frank A. Maynard - Vice-Chairman
Terry Babick, M.D.
George Bass, Q.C.
Joyce McFarlane
Gail Roth
Robert Vandewater

D.B. Nelson - Secretary

The Commission is responsible for performing the duties and functions assigned to it by the Lieutenant Governor in Council and the Minister of Health, in accordance with The Health Services Insurance Act and other relevant legislation.

Legislation specifically requires the Commission to:

- provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services
- ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities
- with the approval of the Minister of Health, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health care facilities and services.

On July 13, 1988 a new Board of Commissioners was appointed. The Honourable Donald W. Orchard, Minister of Health, expressed his appreciation to the former members of the Commission for their dedicated service to all Manitobans.

The new Board has taken a very active role in the affairs of the Commission and the health care delivery system in Manitoba. A full Board meeting is held each month. In addition, one or more members of the Commission serve on eight committees of the Board which meet frequently. These committees, with a brief synopsis of their Terms of Reference, are:

Executive Committee
In addition to the usual functions of an Executive Committee, this committee includes responsibilities normally assigned to finance and audit committees.

Funding Guideline Review Committee
Conducts reviews and recommends guidelines for the equitable allocation of funds to health care facilities, and ensures that guidelines are consistent with Government's objectives, policies and programs.

Personal Care Home Review Committee
Conducts reviews to identify changing demographics in Manitoba, determine current trends and problems, and recommend a plan of action to address future needs and reduce the need for institutionalization.

Compensation Committee
Reviews health facility labour negotiations as well as negotiations with professional associations funded by the Commission, and makes recommendations in respect to funding equity and mandates in the collective bargaining process.

Physician's Manual Committee
Reviews all proposed amendments to the Physician's Manual prior to their consideration by the Commission Board.

Construction Committee
Reviews all construction projects recommended for funding from the contingency allowance, and makes recommendations to the Commission Board on projects costing in excess of $100,000 and on the Five Year Capital Program.

Community/Institutional Interface Committee
Conducts reviews and makes recommendations to ensure integrated planning and coordination between the institutional and community health sectors.

Health Care Demonstration Projects Committee
Monitors and coordinates the reporting requirements for determining the effect that the 16 health care demonstration projects will have on reducing patient admissions and/or length of stay in health care facilities.

During 1988/89, the Minister of Health established the Health Advisory Network and invited the Commission Board to participate in this endeavour. The Board enthusiastically accepted the invitation, named members of the Commission to serve on three of the task forces under the Network and will be appointing members to the other task forces that are in the process of being established.

Medical Review Committee

Members:

A. Rogers, M.D. - Chairman
C. Burns, M.D. (from June 15, 1988)
K. Collier, M.D.
A. Earn, M.D.
I. Elliott, M.D.
S. Fleming, M.D.
S. Kay, M.D. (to June 15, 1988)
M. Wahn, Ph.D.

N. Yourechuk - Secretary

The Medical Review Committee was established under The Health Services Insurance Act. It reviews patterns of medical practice. Members are named to the Committee by the Manitoba Health Services Commission and the College of Physicians and Surgeons of Manitoba.

From April 1, 1988 to March 31, 1989 the Committee met 17 times. It heard appeals from physicians regarding assessment of their claims by the Manitoba Health Services Commission and reviewed 359 physicians' patterns of practice. Explanations were found for 286 of these patterns. The remaining 73 were subject to one or more of the following actions:

- The 73 physicians were notified by letter that their patterns of practice varied from the peer average and were under review. Explanations were requested for the variations.

Of the 73 physicians:

- 28 physicians' patterns were subsequently accepted as a result of their letters of explanation and/or informal discussions
- seven were asked to do an ongoing self review of their practices to achieve a prudent use of health care resources
- four were put on continuing review
- one was referred to MHSC for resolution as it was deemed to be an administrative matter
- the remainder are in various stages of review

The Committee —

- Held informal discussions with a number of physicians about departures in their practices from the peer average. The Committee deemed these discussions to be valuable, particularly when variations in practice patterns related to excessive use of referred laboratory services. Other discussions related to special calls, personal care home visits, complete physical examinations, repeat visits and consultations. The Committee expects the practice of holding informal meetings with physicians will result in cost savings without sacrificing standards of medical practice.
- Formally reviewed the patterns of practice of two physicians. Orders were made for the repayment to the Manitoba Health Services Commission of approximately $82,000 in total.
- Held meetings with MHSC, MMA and CP&S regarding amendments to the MRC Agreement.
- Communicated with MMA and MHSC and made recommendations with regards to insured services such as consultations and pre-endoscopic exams.
- Communicated with MHSC regarding walk-in clinic services.

Medical Appointments Review Committee

Members:

F. P. Doyle, M.D. - Chairman
I. Auld
E. Backman
D. Gerrie

R. G. Handford, M.D.
H. T. Huebert, M.D. (to November 23, 1988)
J. F. S. Hughes, M.D. (to February 22, 1989)
Roy Koniuck (from October 26, 1988)
R. G. Krause, M.D. (from November 23, 1988)
D. N. C. McIntyre, M.D.
J. R. Murray, Ph.D.
W. H. Pendree (to October 26, 1988)
K. Simpson, M.D.
Hugh Smith, M.D. (from February 22, 1989)

D. B. Nelson - Secretary

The Medical Appointments Review Committee was established in 1973 through an Agreement between the Minister of Health, the Manitoba Health Organizations Incorporated, the College of Physicians and Surgeons of Manitoba, the University of Manitoba, the City of Winnipeg and the Manitoba Health Services Commission. The Committee hears appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. Appeals are heard only when an applicant has exhausted all rights of appeal at the hospital concerned.

After hearing an appeal, the Committee may recommend one of the following:

- that the decision appealed be maintained
- that the application for medical staff privileges be approved
- that medical staff privileges which have been reduced or terminated, be reinstated
- that the decision appealed from be varied.

The Medical Appointments Review Committee did not receive or hear any appeals during the year April 1, 1988 to March 31, 1989.

Standing Committees

Pharmacare Advisory Committee

Members:

K. Brown, B.Sc.Pharm. - Chairman
D. Boyd, B.Sc.Pharm. (from June 27, 1988)
W. Ellerby, B.Sc.Pharm. (from June 27, 1988)
S. Fingerote, B.Sc.Pharm.
G. Lawson, B.Sc.Pharm.
D. Maksymyk, B.Sc.Pharm.
M. Morry, B.Sc.Pharm. (to June 27, 1988)
R. Sanders, B.Sc.Pharm. (to June 27, 1988)

The Pharmacare Advisory Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain contact with practicing pharmacists.

From April 1, 1988 to March 31, 1989 the Committee met two times to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

Access and Confidentiality Committee

Members:

K. Brown, M.D. — Chairman	College of Physicians and Surgeons of Manitoba
W. J. Blight, M.D.	St. Boniface General Hospital
C. Cronin	Manitoba Medical Association
G. Fletcher	Manitoba Health Organizations, Inc.
E. Fondse	Manitoba Health Records Association
F. R. Friesen, M.D.	Health Sciences Centre
R. Harris	Manitoba Association of Community Health Centres
F. Toll — Secretary (to Oct. 31, 1988)	Manitoba Health Services Commission
C. Sawyer — Secretary (from Nov. 1 1988)	Manitoba Health Services Commission

The Access and Confidentiality Committee was established by the Manitoba Health Services Commission in April 1979. The Committee provides advice to the Commission on the confidentiality of and appropriate access to health services data in its computerized information system.

The committee met three times between April 1, 1988 and March 31, 1989. Eleven requests for access to Commission data were considered. All were recommended for Commission approval. They are as follows:

- Variables Impacting the Outcome of the Assessment for Home Care Services in Southeastern Manitoba. The purpose of the study is to measure selected variables and their relationship to the assessment and delivery of home care services.
- Health Care Utilization Patterns and Physician Practices for Low Back Pain in Manitoba. The objective of the research is to characterize the frequency and pattern of contact with the provincial health care system of the "common variety" of non-specific low back pain.

- The Canadian Atrial Fibrillation Anticoagulation Study. The purpose of the study is to determine the efficacy and safety of coumadin for the prevention of systematic thromboembolism in patients with non-valvular atrial fibrillation.
- Incidence of Influenza Vaccination in the General Population and within Certain At- Risk Groups. The objective of the study is to determine the number of high-risk individuals and incidence of vaccination by risk group.
- Elderly Patients Admitted via Emergency. The primary goal of this research is to identify the type of facility required for the best management of acute illness in an older person (75 +).
- Burden and Impact of Diabetes in Manitoba. The objectives of the study are to:
  - determine the prevalence and incidence of diabetes among Manitobans
  - compare the clinical and demographic characteristics of diabetes with those of non-diabetic controls
  - assess the impact of the disease on health service utilization
  - investigate the co-occurrence of other health problems and risk of complications.
- A Psychoeducational Program for the Families of Schizophrenics. The purpose of the study is to evaluate the effectiveness of a psychoeducational program conducted with the families of schizophrenics in reducing the incidence of acute symptomatic relapse.
- Needs Assessment Study Proposal of Diabetics in Winnipeg. The aim of the study is to determine whether there is a need for an exercise and weight control program for individuals with diabetes.
- X-rays in the Last Few Years of Life. The goal of the project is to determine the resource implications and the logistic difficulty of doing a search for a patient's x-ray history.
- Personality and Alcohol Abuse. The primary goal of this research is to examine associations between personality risk factors and alcohol abuse.
- Migration of the Elderly in Southwest Manitoba. This is the first part of a long-term project on migration of the elderly. The specific aim of this phase of the study is to spatially analyze the data on the elderly moving recently within and into Brandon from other areas of Manitoba.

Standing Committee on Medical Manpower

Members:

B.D. Postl, M.D. — Co-Chairman	
G. Dow, M.D. — Co-Chairman	
K.M. Simpson, M.D.	College of Physicians and Surgeons of Manitoba
B. Wright, M.D.	Professional Association of Residents and Interns, Manitoba
R.J. Boyd, M.D. (to March 8, 1989)	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
B. Levin, M.D.	Universities Grants Commission
T. Arnason	Union of Manitoba Municipalities
J. F. Ross, M.D. (from Jan. 11, 1989)	Manitoba Medical Association
M.J. Painchaud Executive Secretary	Manitoba Health Services Commission

Resource Consultants:

J.C. Wilt, M.D.	Manitoba Health Services Commission
J. Lock (to August 1988)	Manitoba Health Service Commission
J. Robson (from August 1988)	Manitoba Health Services Commission
T. Williams, M.D.	Manitoba Health Services Commission
D. Pascoe	Research and Planning Directorate, Manitoba Health

The Standing Committee on Medical Manpower (SCOMM), established in 1979, reports to the Ministers of Health and Education and, as stated in the Ad Hoc Committee on Medical Manpower Report dated April 19, 1978, was constituted "for the purpose of review, analysis, evaluation and recommendations with respect to all matters bearing on the supply, category of practice and geographic distribution of physicians in Manitoba".

The major problem identified by the Ad Hoc Committee on Medical Manpower in 1978 was shortages of medical services in rural and remote areas of Manitoba, and SCOMM has, up to now, focused mainly on shortages and maldistribution of physicians in these areas. To redress the problem, SCOMM oversees a placement bureau, offers an incentive program and facilitates the immigration of foreign physicians.

SCOMM has assumed the major responsibility for placement services, and maintains a list of communities seeking physician services and a complementary list of physicians seeking practices.

The incentive program supports medical students in summer job experience in rural areas, offers loans to selected third and fourth year students agreeing to practice in a medically underserviced area, offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialties needed in rural areas, and provides grants to physicians wishing to establish practice in medically underserviced areas.

The efforts of SCOMM have been successful in many cases; however, there continues to be an overall shortage of physicians in rural and remote areas of Manitoba. Physicians, medical students and health personnel indicate that some of the barriers to rural practice can be attributed to:

- isolation from professional colleagues
- overwork resulting from public demand for continuous service
- lack of acceptable housing
- limited social and cultural amenities
- high cost of establishing a viable practice
- high cost of living, particularly travel for vacations, business or professional meetings
- difficulty of getting a temporary replacement to permit travel or attendance at meetings
- lack of educational opportunities
- constraint on fee income and its potential for growth due to limitations of population in the catchment area
- lack of confidence or security to practice in a more isolated milieu, without ready access to sophisticated diagnostic and treatment resources, as well as consultation services.

Circumstances have changed and today equally important problems exist in the urban areas, where an over-supply of some types of physicians and under-supply in certain specialties (radiotherapy, laboratory medicine, psychiatry and anaesthesiology) have manifested themselves.

SCOMM perceives that one important solution to the problems of both rural and urban manpower supply lies with the reorganization of the health care delivery system, including shared resources and services arrangements between the regions.

Further details of SCOMM programs can be found in the Annual Report of the Standing Committee on Medical Manpower, including data concerning physician supply and distribution.

Standing Committee on Diagnostic Services

Members:

J. H. McBeath, M.D. — Chairman	Manitoba Health Services Commission
G. MacDonald (from Dec. 23, 1988)	Citizen Representative
B. Arnold (to April 19, 1988)	Citizen Representative
G. C. Gough, M.D. (from Feb. 15, 1989)	Manitoba Medical Association
D. Bowden, M.D.	University of Manitoba
G. M. Lindsay, M.D. (from Nov. 24, 1988)	College of Physicians and Surgeons of Manitoba
G. Hammond, M.D.	Manitoba Health Services Commission
R. H. Harvey	Manitoba Health Services Commission
P. G. Lommerse, M.D.	College of Physicians and Surgeons of Manitoba
T. A. Yeo, M.D.	Manitoba Medical Association
R. Banerjee, M.D. (to Feb. 1, 1989)	Manitoba Medical Association
F. P. Doyle, M.D. (to Oct. 27, 1988)	College of Physicians and Surgeons of Manitoba
F. Toll - Secretary (to Oct. 31, 1988)	Manitoba Health Services Commission
M. J. Painchaud - Secretary (from Nov. 1, 1988)	Manitoba Health Services Commission

Resource Consultants:

H. Friesen	Manitoba Health Services Commission
J. Lock	Manitoba Health Services Commission

The Standing Committee on Diagnostic Services advises the Commission on requests for new diagnostic facilities and on requests for expanded services in facilities already in place. It also acts as a reference and consultative body about issues related to the operation of the diagnostic services which the Minister of Health or the Manitoba Health Services Commission may refer to it.

The Committee met on three occasions during 1988/89 and considered 12 requests. Six of the requests were recommended for approval; one was not; and a decision on the remaining five requests was pending on March 31, 1989.

The six approvals were as follows:

- two X-ray facilities for a change of location
- one new X-ray facility in South St. Vital following a study of five briefs and interviews with the applicants
- one laboratory to perform three additional procedures
- one laboratory to perform one additional procedure
- one Health Centre for short list laboratory tests.

Insurance Division

The Insurance Division is responsible for the assessment and processing of claims received from practitioners and individuals, complex medical claims and claims for insured services rendered to Manitoba residents in other provinces, territories or countries.

Information on insured services and programs is provided to the public through the distribution of pamphlets, booklets, brochures and posters, and by periodic media advertising campaigns.

The division determines eligibility for insured services and benefits, and is responsible for registration and enrollment of all residents of Manitoba in the Manitoba Health Plan.

Eligibility for Insured Health Services and Benefits

Manitoba residents are entitled to most of the insured health benefits provided by the Manitoba Health Services Commission.

When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories, establishing permanent residence in Manitoba, must wait until the first day of the third month after arrival to be eligible for all benefits. The exception is residents in a personal care home (see last paragraph of this section). During the waiting period, new residents are encouraged to continue with the health insurance coverage plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously lived in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live or with the Commission.

Former residents of Manitoba, who previously lived here for 30 years or more, can be considered for personal care home benefits on the date of their return to Manitoba. Newcomers to Manitoba and former residents of less than 30 years residency are eligible for personal care home benefits after living in Manitoba for 24 consecutive months. In all cases, an assessment panel must determine whether or not an applicant qualifies for placement.

Medical Program

The medical program provides insured physician services in health care facilities, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on a Schedule of Benefits negotiated between the Commission and the Manitoba Medical Association. In 1988/89, the Commission processed 8,011,687 physicians' claims totalling $225.6 million. This represents an increase of 4.3 percent over 1987/88 after adjusting for the overestimation of $3.1 million of the liability of medical services claims as at March 31, 1988.

In cooperation with federal, provincial and territorial government (excluding Quebec), Manitoba joined the physician reciprocal process billing program across Canada effective April 1, 1988. This program complements the reciprocal in-patient hospital billing program introduced on October 1, 1981 and reciprocal billing of out-patient services which took effect on April 1, 1983. These three programs eliminate the need for physicians and hospitals to bill individuals or the provincial health care plans across Canada, except for a limited number of services which are excluded.

Canadians now have access to the medical and hospital facilities in other provinces and territories on the same basis as do residents of the host province. The principle criterion is the presentation of a current health insurance identification card when receiving services elsewhere in Canada. During the initial program year, April 1, 1988 to March 31, 1989, Manitoba physicians billed MHSC for 183,480 services, and received payment amounting to $4,781,230 for treating residents of other provinces and territories.

Other Insured Health Services

Also insured are certain services provided by optometrists, chiropractors and dental surgeons.

Optometric benefits include a complete eye examination, with refraction and prescription, performed annually or as medically required. In 1988/89, the Commission processed 231,071 optometric claims totalling $5.5 million, an increase of 3.3 percent in claims, and 1.9 percent in payments over 1987/88.

Chiropractic services are insured up to a maximum dollar amount for each individual, for benefits received

during a calendar year. In 1988/89, the Commission processed 520,385 chiropractic claims totalling $9.0 million, a slight decrease in claims and an increase of 11.1 percent in payments over 1987/88. The amount paid in 1988/89 included a retroactive adjustment of 3% to fees for the fiscal year 1987/88 and an increase to fees of 6% in 1988/89 to recognize that no increase to fees had been provided in 1985/86 and 1986/87.

Insured oral surgery services include certain surgical procedures performed by licensed dentists or registered oral and maxillofacial surgeons when hospitalization is required for the proper performance of the procedure. In 1988/89, the Commission processed 3,984 claims for oral surgery totalling $1.2 million, a decrease in claims and payments from 1987/88.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are also insured when prescribed by a medical practitioner. In 1988/89, 19,117 devices and services cost $2.4 million, an increase over 1987/88 of 5.5 percent in the number of devices and services supplied, and an increase of 4.3 percent in the amount paid.

The cleft lip/palate program insures the cost of routine dental maintenance, prosthetics, including crowns and bridges, and the services of orthodontists for children under 18 years of age. In 1988/89, the Commission processed 783 cleft lip/palate claims totalling $118,500 an increase of 24.1 percent over 1987/88 in the number of claims, and an 18.7 percent increase in the amount paid.

Breast prostheses are insured up to a maximum limit of $136.00 per prosthesis. The program insures a maximum purchase of two prostheses every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10.90 per surgical brassiere, up to a total of two brassieres in each 12 month period, is also provided. In 1988/89, the Commission processed 1,446 claims for breast prostheses and surgical brassieres totalling $133,200, a slight decrease in the number of claims and an increase of 1.8 percent in the amount paid over 1987/88.

For children under 18 years of age, the Hearing Aid Program provides for reimbursement of 80 percent of the cost of a hearing aid, to a maximum benefit of $298.00, plus services related to fitting the devices every four years in excess of a deductible amount of $75. Additional hearing aids may be subsidized, during the four year period, if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1988/89, the Commission processed 112 audiological claims resulting in payment for 188 hearing aids totalling $58,800, an increase of 12.0 percent over 1987/88 in the number of claims, and 57.6 percent in the amount paid.

Orthopaedic shoes are insured for children under 18 years of age. The Commission pays 50 percent of the cost of stock shoes, up to a maximum benefit of $24.70; and 50 percent of the cost of shoes for children with different size feet, to a maximum benefit of $37.10; and 50 percent of the cost of custom-made shoes, to a maximum benefit of $123.50. Up to $4.95 per pair of shoes is allowed for alterations. The program insures a maximum purchase of two pairs of shoes in 12 months. In 1988/89, the Commission processed 828 claims totalling $20,500, an increase of 5.3 percent over 1987/88 in the number of claims, and 7.9 percent in the amount paid.

The Commission insures telecommunication devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible of $75, to a maximum of $380.00. In 1988/89, the Commission processed 56 claims for such devices totalling $12,800, a decrease of 8.2 percent from 1987/88 in claims, and 14.1 percent in the amount paid.

The Commission partially insures eyeglasses for persons 65 years of age and over. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50. In 1988/89 the Commission processed 20,976 claims for eyeglasses totalling $722,700, an increase over 1987/88 of 5.0 percent in claims, and 3.4 percent in the amount paid.

Pharmacare Program

The Pharmacare Program protects Manitobans from financial hardship resulting from expenses for prescription drugs. For the calendar year 1988, this program covered 80 percent of the cost of eligible prescription drugs in excess of the deductible. The initial deduction is $85 for those 65 years of age and over, and their families. For persons under 65 years of age, the deductible amount is $150 per family.

Advice and guidance on the listing of eligible drugs, and other matters relating to the Pharmacare Program, is provided to the Commission by the Pharmacare Advisory Committee.

In the 1988/89 fiscal year, the Commission's expenditure for Pharmacare was $40.4 million as compared to $37.4 million in 1987/88, an increase of 8.0 percent in the amount paid.

For the 1975 benefit year, the year universal Pharmacare was introduced, the Commission processed 80,329 claims totalling $4.3 million. Thirteen years later, for the 1988 benefit year, the Commission processed 200,500 claims totalling $38.8 million, an

increase of 150 percent in claims processed and 802 percent in program costs.

Laboratory and X-ray Services Division

The Laboratory and X-ray Services Division has expanded the role of automation in both rural Manitoba and at the Cadham Provincial Laboratory. Plans are underway to provide linkage by microcomputers throughout Manitoba for the transmission of laboratory results. New and more sensitive methods of searching genetic material of microorganisms are being applied to virus detection, such as for papillomavirus and AIDS virus. Studies in the detection of cases of Lyme Disease and toxins in foods are being conducted. Laboratories experienced a significant increase in requests for serum lipid testing due to an increasing awareness by the medical profession and the public of the relationship between elevated cholesterol and coronary heart disease.

Facilities Divisions

Hospitals

The Urban Health Facilities Division and the Rural Health Facilities Division of the Commission have responsibility for recommending funding for Manitoba hospitals, community health centres and related facilities such as the Manitoba Cancer Treatment and Research Foundation. The Rural Division also funds some juxtaposed personal care homes that have close relationships with rural hospitals.

As of March 31, 1989, Manitoba had a total of 5,539 active treatment beds and 878 extended treatment beds to service a population of 1,125,414, or 4.9 active and 0.8 extended treatment beds per 1,000 population.

Fifty-six percent of the population live in the City of Winnipeg, which has 3,193 active treatment beds and 647 extended treatment beds. There are two teaching hospitals and five community hospitals ranging in size from 136 beds to 1,113 beds, plus two extended treatment centres, one specialty facility for children, and an adolescent psychiatric facility. Because rural Manitobans and non-residents accounted for 19.8 percent of patient days in Winnipeg hospitals, the active and extended treatment beds available to Winnipeg residents were 4.9 per 1,000 population.

Manitoba's rural population is served by 70 community and district hospitals ranging in size from under 15 beds to 401 beds, plus two federal hospitals and 18 federal nursing stations, as well as the beds used in Winnipeg hospitals.

Standards of care and service in Manitoba hospitals are monitored by consultants employed by the Commission. These consultants provide a consulting service covering most aspects of hospital operations including staffing patterns, laboratory and organ imaging diagnostic services, nursing, dietetics, pharmacy, and other support services including administration and finance. They also assist in the planning, development and implementation of programs.

Finance officers review budget submissions, financial and statistical returns, and prepare rate recommendations and year-end settlements.

Hospital Insured Services

Health services provided to persons in hospital as insured services include:

- standard ward accommodation and meals (for preferred private or semi-private bed accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine medical and surgical supplies
- radiotherapy, physiotherapy, occupational and speech therapy
- other goods and services approved by the Commission.

Most out-patient services are insured. In some cases, the hospital may charge for take-home supplies of drugs and dressings.

In 1988/89, insured hospital services cost $788.8 million, an increase of 7.3 percent over 1987/88. This covered 1,767,720 insured days for separated patients (1,688,160 for adults and children, and 79,560 for newborns), an increase of 0.1 percent over 1987/88.

Financial Management Program

In 1987/88, all larger hospitals were requested to submit financial management plans that outlined a process to reduce their current deficits and avoid future deficits. These plans were received and reviewed by the Commission in July 1987 and approved for implementation in October 1987.

For 1988/89, funding was provided by the Manitoba Health Services Commission on the basis of the plans developed and implemented in 1987/88. Additional funding was provided for the costs of approved contract settlements and for supply cost increases based on the

Consumer Price Index. A special Life Support Supplies Fund of $2.0 million was made available for extraordinary supply cost and volume increases of selected programs.

At the Health Sciences Centre, 21 respiratory beds were closed. With centres for chronic respiratory conditions developed at the Winnipeg Municipal Hospital and Deer Lodge Centre, with the opening of the dedicated cancer ward at the Health Sciences Centre and the decline in the incidence of tuberculosis, these respiratory beds were no longer required.

Based on preliminary information, the vast majority of hospitals experienced balanced budgets or surpluses. Only three Winnipeg hospitals were expected to have small deficits in 1988/89.

Life Support Supplies Fund

Global budget economic increases for supplies costs are provided equally to hospitals each year but some hospitals are impacted more than others by increasing supplies costs, particularly for tertiary level programs. Accordingly, a Life Support Supplies Fund of $2.0 million was established in 1988/89 to assist hospitals in meeting extraordinary increases.

Administered by a special committee, this $2.0 million fund was applied to designated programs to reduce or eliminate deficits arising from their operation. Ten programs were designated for funding as follows: oncology, dialysis, total parenteral nutrition, angioplasty, AZT (AIDS drug), pacemakers, cyclosporine (anti-rejection drug), activase (heart drug), neonatal intensive care and microbial (burn therapy) materials.

A total of 16 submissions were received by the Committee from both rural and urban centres. Funds were allocated to the various programs operating at the Health Sciences Centre, St. Boniface General Hospital, Grace General Hospital, Victoria General Hospital, Concordia General Hospital, Seven Oaks General Hospital, Manitoba Cancer Treatment and Research Foundation, Brandon General Hospital and Rock Lake District Health Centre.

Labour Relations

The majority of health care unions negotiated settlements for a three year period. The settlements were within mandates of a three percent wage increase in the first year, a three percent wage increase for the second year and a Consumer Price Index wage increase for the third year.

Weekend premiums changes were negotiated in most settlements. To reduce the wage gap between union and non-union support workers which has existed since the mid-1970's, non-union funding allowances in affected facilities were increased $30 monthly per worker effective October 1, 1988.

A long term disability plan has been negotiated in most of the recent health care settlements to be effective October 1, 1988. The plan will provide a disability benefit of 66 2/3 percent of the employees' gross pay following a waiting period of 119 days after the commencement of the disability. During the first four months of disability, the employee will draw any banked sick credits, or sick benefits under the Unemployment Insurance Commission program. The Manitoba Health Organizations Inc. will administer the plan with adjudication of claims by North American Life Assurance Company.

The Pay Equity Act of Manitoba requires 23 health care facilities to implement pay equity as defined by the Act. Twenty-two of the health facilities are funded by the Manitoba Health Services Commission while one is funded through the Department of Community Services.

The facilities funded by the Manitoba Health Services Commission include 12 rural health care facilities, one research and treatment facility, two teaching hospitals, one extended treatment facility and six urban hospitals. These facilities employ about 19,000 staff of which 15,200 staff (80%) are eligible for pay equity wage adjustments.

The Pay Equity Act requires the parties to reach agreement on quantum allocation and orderly implementation of wage adjustments. Consistent with this requirement, the parties are continuing to negotiate in order to reach an agreement on pay equity wage adjustments.

An amount estimated at $18 million will be funded over a four year period for pay equity wage adjustments.

Anaesthetic Upgrade

In response to changes in CSA standards for anaesthetic equipment, the Manitoba Health Services Commission initiated a province-wide review of anaesthetic equipment in all hospitals. This review was conducted under the guidance of an advisory committee consisting of representatives from rural, community and teaching hospitals, the Manitoba Health Organizations Incorporated, the Commission, and the College of Physicians and Surgeons of Manitoba.

To effect the upgrade, a provincial tender was prepared by the Manitoba Health Organizations Inc. for 92 new anaesthetic machines and 65 upgrades to machines. Based on quotations received, substantial savings will be realized through the provincial tender process.

The Anaesthetic Equipment Upgrade Program, funded entirely by Manitoba Health Services Commission, will cost a total of $3.12 million. The facilities benefiting from the program and the dollar allocation for upgrade

or replacement of anaesthetic machines are listed below:

Health Sciences Centre	$ 632,000
St. Boniface General Hospital	390,000
Victoria General Hospital	208,500
Misericordia General Hospital	357,500
Grace General Hospital	68,000
Concordia General Hospital	82,500
Seven Oaks General Hospital	125,000
Brandon General Hospital	76,000
Rural Hospitals	1,180,000

The intent of the Anaesthetic Equipment Upgrade Program is to ensure optimal safety for patients having to undergo anaesthesia, and to minimize the potential occupational hazard to staff from prolonged exposure to anaesthetic gases.

Community Health Centres

In 1988/89, the Manitoba Health Services Commission continued to fund the operation of eight Winnipeg community health centres and five located in rural Manitoba. Although each centre provides a number of specialty services to specific client groups, most of them provide comprehensive primary health care to their respective clientele or community.

An AIDS Information line operated by the Department of Health was transferred to the Village Clinic to better meet the needs of those individuals with HIV infection.

A one year pilot study of the automated information system for community health centres was completed. Further computer development will proceed in 1989. The health centres will be expected to provide for software and development costs by budget reallocations; hardware costs are eligible for support from the Strategic Investment Agreement with Unisys (See Page 27).

Long Term Care Programs Division

The Long Term Care Programs Division administers the insured personal care home program and is responsible for planning and developing new programs to meet emerging needs.

The division approves funding and establishes and monitors standards for all free-standing personal care homes, the Adult Day Care Program, and the Respite Care Program in personal care homes and Deer Lodge Centre. The division also approves funding for Community Therapy Services of Manitoba and monitors the program.

Division consultants maintain liaison with other government departments such as the Office of Continuing Care, the Department of Health, the Inter- departmental Committee on Support Services for Seniors, the Provincial Gerontologist, and Elderly Persons' Housing. They also are represented on a number of Federal and Interprovincial Committees and working groups concerned with issues in long term care.

Personal Care Home Program

In response to the needs arising from the increasing number of residents with mental health problems in personal care homes, the Commission has taken the initiative in providing additional resources to personal care homes responsible for such residents.

These initiatives include:

- two 10-bed special-care units (one in Winnipeg, one in rural Manitoba) for short term admission of behaviourally dysfunctioning residents from personal care homes whose care needs cannot be met appropriately in the personal care home environment
- three psychogeriatric outreach teams providing regular on site visits to personal care homes in Winnipeg.

The Personal Care Home Program provides the following insured benefits:

- accommodation at the standard ward level
- meals, including special and therapeutic diets
- necessary nursing services
- routine medical and surgical supplies
- prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy services
- routine laundry and linen services
- other goods and services approved by the Commission.

Since 1973, when Manitoba became the third province to provide a universally insured personal care home program, residents have paid a residential charge amounting to approximately 25 percent of total cost. At March 31, 1989 this charge was $20.50 a day.

In 1974, the first full year of the program's operation, the cost was $30.4 million for 2,455,173 resident days in 95 facilities.

In 1988/89 the cost was $189.7 million for 3.0 million resident days in 114 facilities.

As of March 31, 1989, 33 of Manitoba's personal care homes are in Winnipeg with a total 4,594 beds, and 81 are in other regions with a total of 3,807 beds.

Under an agreement with the Federal Government, the Deer Lodge Centre has reserved 155 personal care

home beds for veterans. Now being developed as a geriatric centre, the former Deer Lodge Hospital was a federal institution until 1983 when it was transferred to provincial jurisdiction.

Eighteen of Manitoba's personal care homes (12 in Winnipeg, three in Brandon and three in rural areas) are privately owned and operated. The others are non-proprietary and are operated by municipal authorities, non-profit religious or charitable groups, and service organizations.

Admission to a personal care home is determined by an assessment panel of health professionals including a physician, a nurse, a social worker and the Regional Continuing Care Co-ordinator. If the panel agrees that an applicant cannot be cared for appropriately in the community, he or she is listed for admission to a personal care home at one of four levels of care defined for the program. Levels of care are determined by the amount of nursing care required by the resident. As of March 31, 1989, 5.9 percent of residents were at level one, 33.1 percent were at level two, 31.2 percent were at level three and 29.8 percent were at level four.

As of March 31, 1989, 49.2 percent of all personal care home residents were over 85 years of age and 21.1 percent were between 80 and 84. Of the remainder, 13.0 percent were between 75 and 79, 7.2 percent were between 70 and 74, 4.3 percent were between 65 and 69, and 5.2 percent were under 65.

Community Therapy Services of Manitoba

Physiotherapy and occupational therapy services in most personal care homes are provided by Community Therapy Services of Manitoba. This organization is funded by the Department of Health and Manitoba Health Services Commission. In addition to its personal care home program, the agency provides therapy services to rural hospitals and to Home Care clients.

In 1988/89, Community Therapy Services of Manitoba which was previously managed under the direction of the Sanatorium Board of Manitoba, was incorporated as an autonomous agency with an independent Board representing a broad spectrum of user groups and agencies.

Personal Care Home Drug Program

The Prescribing Guide for rational drug therapy in the elderly was implemented in 1986/87 in all personal care homes. It has been instrumental in reducing overall drug usage and in reducing drug costs. Savings in the Personal Care Home Drug Program have been approximately $300,000 for the 1987/88 fiscal year. The Prescribing Guide Committee meets quarterly to consider requests for additions to or deletions from the Guide.

A new agreement between the Commission and the Manitoba Society of Professional Pharmacists has come into effect. It is retroactive to April 1, 1987 and will continue to March 31, 1990. Under the agreement, pharmacists are reimbursed the cost of drugs plus a capitation fee which, as of March 31, 1989, is $23.50 per resident per month.

A newsletter has been introduced to provide information on specific drugs and specific areas of drug therapy. The newsletter is distributed to personal care homes and to doctors and pharmacists practicing in personal care homes.

Adult Day Care Program

The Adult Day Care Program strengthens the ability of frail, at risk individuals to remain in the community. It combats the debilitating effects of social isolation and provides respite for family and primary care providers. Programs are usually sponsored by personal care homes and clients are referred by Continuing Care Case Co-ordinators.

In 1988/89, total provincial capacity was 55,306 participant days in 53 programs. Four programs in rural Manitoba were closed leaving a total of 38 in rural centres and 15 in Winnipeg. In 1988/89, the Adult Day Care Program cost $1,381,900, an increase of 2.8 percent over 1987/88.

Respite Care Program in Personal Care Homes

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers periods of planned respite to families by providing dependent relatives with short-term admissions to personal care homes.

As of March 31, 1989 there were 32 personal care home sponsors - 16 in Winnipeg and 16 in rural Manitoba. In 1988/89, 546 people used respite beds in 800 separate admissions, for a total of 11,395 days of care.

Psychogeriatric Outreach Program

The number of residents in personal care homes with dementing conditions resulting in behavioural dysfunctioning is steadily increasing. Approximately 28 percent of residents in Manitoba's personal care homes have diagnoses indicating psychiatric or mental conditions. Many others are difficult to manage because of behavioural problems. Clearly this is an issue that is presenting personal care homes with a challenge in terms of providing appropriate care while maintaining a high standard of quality of life for all the residents of their facilities.

The increasing need for expertise in behaviour management in personal care homes has been recognized by the Commission. To meet this need, three outreach teams were developed in December 1988 to serve personal care homes in Winnipeg. Each team was based in a personal care home that had already developed some expertise in the area of psychogeriatric care.

The objectives of this program are:

- to provide each Winnipeg personal care home with consultative services on a regular basis in order to assist in developing effective facility-wide programs and environment for the management of behavioural problems
- to increase the understanding and the ability of administration and staff of personal care homes to care for mental health disorders through staff consultation and educational programs
- to assist staff in management of behavioural problems through consultation on an individual resident basis.

Each resource team consists of two professional staff representing different disciplines. Nursing, occupational therapy, social work and psychology are currently represented in the teams. Each team has a varied professional mix, which gives the overall program an enriched approach based on the differing professional expertise of the varying disciplines. An important feature of each team's organization is the development of linkages to other resources and offices/agencies in the community which impact on psychogeriatric care.

Each resource team serves approximately the same number of facilities, and in total the program serves 4,680 beds. The teams are located at Tache Nursing Centre, Bethania Mennonite Personal Care Home and Deer Lodge Centre. Consultants in the Long Term Care Programs Division of Manitoba Health Services Commission continue to work closely with these teams to monitor and evaluate the impact of the service on the facilities and their residents.

Emergency Health and Ambulance Services Division

This division includes emergency health services, land and air ambulance programs and the Northern Patient Transportation Program (NPTP).

The function of Emergency Health Services is to plan and coordinate provincial responses to health emergencies such as major accidents or natural disasters.

Patient transport services fall into three categories:

- land ambulance services
- air ambulance services
- northern patient transportation subsidization for qualifying residents of northern Manitoba.

Emergency Health Services

Planning comprehensive, provincial responses to health emergencies during times of disaster, coordinating the responses of M.H.S.C. and the Department of Health, allocating supplies and equipment, and arranging for transportation and evacuation under extreme circumstances are key components of the Emergency Health Services Program.

The Commission assists acute care facilities and personal care homes in developing written plans to cope with local internal and external disasters, and in organizing mock disaster exercises to ensure the disaster plan feasibility. Ten disaster exercises were conducted in 1988/89.

Emergency Health Services, in co-operation with the Emergency Measures Organization and Fire Commissioner's Office, provided two Emergency Planning for Facilities courses in 1988/89. During these courses, large numbers of facility staff receive in- depth training about disaster planning. EHS also works closely with other provincial emergency health officials when active assistance is required such as in the 1988 Kenora 14 fire and 1989 Dryden air crash.

Air Ambulance Program - Lifeflight

The Manitoba Air Ambulance provides safe aeromedical transportation for seriously ill and injured Manitoba residents from rural and northern Manitoba to Winnipeg referral centres. During 1988, the air ambulance transported 632 patients — 105 patients were from south of the 53rd parallel and the remainder were flown to Winnipeg from northern Manitoba communities.

As of March 1, 1988, Manitoba insured the air transportation costs of eligible seriously ill Manitoba residents flown to health care facilities outside of Manitoba for medical care unavailable in the province. Arrangements for out-of-province air transport are made collaboratively by Lifeflight air ambulance personnel and the referring facility. The Government Air Branch Citation I jet is the aircraft used for these transports. This ensures that provincial air ambulance emergency service within Manitoba is maintained at all times. In 1988, six patients were flown out of the province.

The air ambulance is staffed by six specially trained flight nurses with experience in critical care and emergency nursing. These nurses also have extra training which includes altitude physiology and the effects of flight on patients, Advanced Cardiac Life Support Certification, ground school and aircraft safety, restricted radio operator's license, survival skills and ambulance skills training.

Since October 24, 1988, adult and pediatric oriented physicians specializing in emergency and critical care have been available to the air ambulance 24 hours a day. They provide aeromedical transport advice and escort certain seriously ill or injured patients on Lifeflight. These physicians, on contract to Lifeflight from the Health Sciences Centre, have significantly reduced the drain on community resources by eliminating the need for community physicians to escort patients during transport to Winnipeg on Lifeflight. Twenty-three percent of the patients transported in 1988 required a physician escort. The High Risk Neonatal Transport Team accompanied Lifeflight on 53 transports in 1988.

The dedicated air ambulance aircraft is a Cessna Citation SII jet which is specially equipped for emergency patient care. Some 47 communities with suitable airfields throughout the province are potentially accessible to the service, depending on weather conditions. The aircraft is operated by the Manitoba Government Air Division. Ten jet pilots with northern flying experience, aeromedical training, and Basic Cardiac Life Support Certification provide the required dual pilot coverage 24 hours a day.

The 1988/89 operating cost of the Air Ambulance Program was $2.1 million, and $1.0 million for aircraft leasing costs.

Land Ambulance Services Program

The Manitoba Land Ambulance Services Program provides annual per capita grant assistance to municipal governments for ambulance services. One hundred and eighty-five municipalities and towns and 19 local government districts participate in ambulance programs. The grants, totalling $2.2 million in 1988/89, may be applied towards subsidizing operating costs or purchasing ambulance vehicles and equipment.

On March 23, 1989, the Minister of Health announced additional provincial ground ambulance funding based on a more equitable funding formula. For 1989, $1.9 million was provided, with additional funding of $950,000 to be allocated for both 1990 and 1991. These funds are paid, on a calendar year basis, directly to services and assist with operational and capital costs. The new funding will enable services to develop the most appropriate operations for the areas served, contributing as needed to more advanced training, more up-to-date equipment or vehicles.

In 1988/89, 1,995 licensed drivers or driver/attendants operated the 127 ambulances throughout the province. They made over 65,000 service calls.

Each ambulance service and all drivers and driver/attendants are licensed by the Commission. Ambulance vehicles and equipment are inspected annually to ensure compliance with provincial standards. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon, Thompson, Selkirk and Flin Flon, which have full-time staff. Ashern, Portage la Prairie, Neepawa, Swan River and The Pas each have full-time private services.

The Manitoba training program for ambulance personnel has now certified 1,940 people at the First Responder level of which 1,500 are active. The First Responder program was developed and coordinated by Commission staff and delivered throughout the province by 115 certified volunteer instructors. Of 86 services, the majority now have four or more First Responders trained and certified. The Commission also assisted in training 120 First Responders through the University of Winnipeg and 400 Winnipeg Fire Department First Responders.

The Commission has trained eight Emergency Medical Attendant I Instructors and certified 74 of the more advanced EMA I providers. They function in Selkirk, Brandon, Flin Flon, Pine Falls, Pinawa and Winkler. Winnipeg has 100 EMA I's trained by the City in a program recognized by the province. Seminars are held as required to update and recertify the large instructor network. A Casualty Simulation Program is also offered by the province. This program trains individuals to make up mock patients with lifelike injuries for disaster exercises.

Ambulance service training is reviewed and approved by a M.H.S.C. Pre-Hospital Care Medical Advisory Committee composed of rural and urban physicians, nurses and ambulance personnel. Specific performance criteria are established to guide pre-hospital care providers in critical care situations. The M.H.S.C. Ambulance Services Administrative Advisory Committee reviews and advises on administrative policy matters. It includes rural, urban and allied interest group ambulance service administrative representation.

Northern Patient Transportation Program

The Northern Patient Transportation Program pays ground or air transportation costs for emergency and urgent hospital-to-hospital transfers as well as transportation costs for certain elective cases. To be eligible, northern patients must require medical transportation from within the following areas:

- north of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg
- north of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Under this program urgent hospital-to-hospital transportation is administered by the Commission, while transportation for elective hospital and medical treatment is administered by five regional authorities at Churchill, Flin Flon, The Pas, Thompson and Winnipeg.

Some specific benefits include:

- return transportation for patients transferred from hospitals in northern Manitoba to any other hospital in the province
- return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence
- return transportation for a patient's escort who may be a doctor, nurse, parent or other authorized person
- escort's reasonable overnight room and board expenses.

In 1988/89, the total program cost was $2,744,000 compared with $2,773,000 for the previous year.

During 1988/89, 13,962 transportation warrants were processed compared with 13,365 warrants for the previous year.

Development of Ambulance Services in Manitoba

In the early years, ambulance services were primarily owned by private operators or municipalities and operated as a secondary service. It was a frequent occurrence to see hearses functioning as ambulance vehicles. Patients requiring air transport were taken in whichever aircraft was available; suitability was seldom a consideration. In the early 1970's, the concept of licensing ambulances and developing standards started and eventually led to the 1975 enactment of P210-R7, a regulation governing ambulance services under the Public Health Act.

In 1975, tremendous steps forward occurred, including the initiation of the Manitoba Patient Air Transportation Program to help subsidize the cost of air transport to northern residents. The ambulance per capita funding program was established, providing funding to municipalities for the development and operation of land ambulance services. The City of Winnipeg Ambulance Service also was created from the takeover by the City of numerous private operators that year.

In 1977, the Patient Air Transport Program was reviewed to address concerns about the boundaries and qualifiying criteria for transport, which led to the then new Northern Patient Transportation Program. The year 1982 saw the development of the 90-hour First Responder ambulance attendant program. This was the first made-in-Manitoba training program specifically for ambulance personnel. It was designed to standardize and upgrade ambulance training in the province from the basic first aid level. In 1984 the concept of a dedicated Air Ambulance for the transport of the acutely sick and injured was being developed. This concept became a reality in 1985 with the acquisition of a jet specially designed and equipped for this emergency role. Full-time flight nurses were hired by MHSC and the Lifeflight Air Ambulance Program took to the air officially in January, 1986.

While the Air Ambulance program was being developed, a more advanced land ambulance training program was also in the works. The Emergency Medical Attendant I program of 180 training hours was produced following the guidelines of the Canadian Medical Association. 1985 was also the year in which the new Ambulance Act was assented to. This new act replaced the P210-R7 legislation to improve the standards for ambulance services in Manitoba.

In 1987, emergency health and ambulance services were formally established as a separate M.H.S.C. division.

In 1988, the previously assented to Ambulance Services Act was proclaimed, and new standards governing ambulance services came into being.

The Lifeflight Air Ambulance Program was further expanded in 1988 to include transport and insured coverage of patients qualifying for specialized out-of-province care. Physicians with expertise in handling pediatric or adult patients with critical illnesses or injuries are now available on transport flights where more advanced care is required.

In March 1989, the Honourable Donald W. Orchard, Minister of Health, announced a new ambulance funding program based on a more equitable formula which was developed with assistance from local ambulance committees, provincial ambulance advisory committees and municipalities.

The new funding provided for $1.9 million in 1989, with an additional $950,000 for both 1990 and 1991. This injection of funds will bring Manitoba ambulance funding on a par, in 1988 dollars, with the national funding average for non-insured programs. It will not only benefit service providers, but also includes a substantial financial subsidy for patients requiring long distance transportation.

Over the past 15 years, Manitoba's ambulance services have made significant progress in quality of care offered by trained personnel, improved vehicles, communication and medical equipment. This has been achieved through the combined efforts of the province, municipalities and the ambulance attendants who provide their expertise on a full or part time basis in their communities. This type of development will continue into the 1990's as pre-hospital care becomes a key component of the provincial health care delivery system.

Construction Programming Division

The Commission is responsible for planning and funding a balanced program of health facility construction and maintenance. The work is accomplished through the Construction Programming Division.

The Construction Programming Division has three sections:

- Planning & Programming
- Construction
- Capital Financing

The Planning & Programming section is responsible for the resolution of various health care issues before projects can proceed to the capital program. Staff in this section work with health facility sponsors during the role statement and functional programming phases of the construction process.

The Construction section monitors and reviews the design and construction activities of new facilities, major renovations, and extraordinary and preventive maintenance. The section is staffed with professionals in engineering, architecture and construction management.

The Capital Finance section is responsible for preparing and monitoring budgets and approving and controlling construction funding. It establishes interim and long-term financing, ensures the orderly repayment of capital debt and audits construction projects.

During 1988/89, 14 major construction projects and 39 fire commissioner, contingency and health facility regeneration projects were completed at a total cost of $85,842,834.

The projects included a new hospital at Grandview and an addition at the Souris Hospital. Energy centres were completed at both the Misericordia General Hospital and the St. Boniface General Hospital. At the Health Sciences Centre, a new CT scanner was installed, renovations were completed to the prosthetics, oncology, adult radiology, and children's operating rooms and intensive care unit. This year, three construction projects were completed: a new central laundry for Brandon General Hospital, the major part of the Deer Lodge Centre redevelopment and a new 118 bed personal care home in Winnipeg, Foyer Valade.

Construction was started during 1988/89 on another 14 major projects at a total cost of $41,593,000. This includes:

- three projects at the Health Sciences Centre; upgrading emergency power, upgrading fire safety and decanting for ambulatory care
- the final stage of the Deer Lodge Centre redevelopment
- radiology upgrading and Z block construction at the St. Boniface General Hospital
- renovations to the outpatient department of the Morden Hospital
- a new multipurpose health facility at Erickson
- an expansion project at the Dr. Gendreau Personal Care Home in Ste. Rose du Lac
- fire safety upgrading at the East View Lodge in Neepawa
- a major expansion and upgrade of the Fred Douglas Lodge in Winnipeg
- replacement of the Betel Home in Gimli
- miscellaneous projects at Tache Nursing Centre in Winnipeg and Foyer Notre Dame in Notre Dame de Lourdes.

Administration Division

The Administration Division is responsible for the financial and administrative services of the Commission. The Division has two sections - the Comptroller's Office and the Administrative Services Section.

The Comptroller's Office is responsible for general accounting, control of assets, budgetary planning, monitoring expenditures for health programs and reporting on the expenditures to program managers, senior staff and government in accordance with Commission and Government of Manitoba policies. The Comptroller's Office is responsible for the Financial Summary on pages 63 to 74.

The Administrative Services Section provides a central administrative support service to the Commission including office services, physical plant operations, a centralized purchasing service and library services.

The Commission's administrative costs in 1988/89 were $18.6 million or 1.4 percent of total expenditures.

Human Resources Programs Section

At March 31, 1989, the Commission employed 722 people, compared to 702 on March 31, 1988. This included 28 positions filled by job-sharing employees.

During 1988/89, the Manitoba Health Services Commission provided work experience for 15 individuals enrolled in business skills and secretarial programs. Following their participation in work experience, four people, including two Affirmative Action target group members, were offered employment.

In the summer of 1988, the Commission employed five students through the Student Temporary Employment Program in projects related to health research and a study of the existing Air Ambulance Program to evaluate current service and determine future requirements for improved quality care delivery.

In 1988/89, 91 University of Manitoba fourth year medical students attended six educational seminars at the Commission. Senior staff, representing various Commission divisions, participated in two hour sessions consisting of presentations, a question and answer period, and a tour. These meetings provided students with an overview of the Commission's organization, functions and programs. The Faculty of Medicine, at whose request the seminars were initiated several years ago, considers these seminars an important component of the students' education.

One physician, enrolled in the Faculty of Medicine's Community Medicine Residency Program, spent two weeks at the Commission studying its operations.

Affirmative Action

Long term goals for target group representation in entry level positions have been achieved and maintained. Preferential targeting is being encouraged to increase the representation of all target groups - native, disabled, visible minorities and women in management. A procedure for formalized outreach has been developed to recruit individuals into professional and technical occupations. Liaison has been established with the Business Learning and Development Program, Core Area Initiatives and the Society for Manitobans with Disabilities.

During December 1988 a report prepared by the MHSC Decade of Disabled Persons Committee was presented to the MHSC Management Committee recommending a permanent Committee be established to focus on issues concerning the needs of disabled persons. This proposal was approved to include previous Committee members as well as a representative from the disabled community.

The Windmills Attitudinal Change Program is being offered in-house for managers, supervisors, coworkers of disabled staff and employees who provide receptionist services to the public.

Career development opportunities for clerical and secretarial staff continue to be implemented through job rotation, acting status and appropriate training. Human Resources personnel provide consultation to managers, supervisors and staff involved in career planning, career pathing, training and development plans toward future advancement. Management accountability for Affirmative Action has been initiated through updated position descriptions and an Affirmative Action reporting/audit system developed for implementation by the Health/MHSC Affirmative Action Specialist.

Health Information Systems Division

The Health Information Systems Division is made up of four sections: Computer Services, Systems and Procedures, Management Information, and Integrated Health Systems.

The Computer Services Section serves all divisions of the Commission and the Department of Health. This includes Cadham Provincial Laboratory as well as regional operations, central program directorates and the administrative offices of the Department of Health. The section also provides consulting services to management on computer-related matters. During 1988/89, section staff were involved in:

- supporting computerized systems in place to handle all claims insured under the Manitoba Health Insurance Plan and maintaining a decentralized minicomputer environment within the Department of Health
- continued support of existing and new personal computer installations to facilitate end-user computing and office automation within the Department of Health and the Commission
- completion of new computerized information systems for:
  - Out-of-Province Claims Payment Processing Program
  - Manitoba Immunization Monitoring System
- continued development of computerized systems for:
  - Cadham Laboratory Systems - serology
  - Mental Health Management Information System
  - Manitoba Support Services Payroll System
  - Cervical Screening Program.

Use of computer telecommunications to enhance and facilitate data exchange among the Commission, health facilities and health providers continued to be an important thrust during the year. The volume of medical claims submitted via electronic media continued to show steady increases in 1988/89 as a result of continued close cooperative work with interested physicians.

The Systems and Procedures Section provides analytical services to all divisions of the Commission and the Department of Health. Section staff are also providing project leadership in the development of some systems/programs. The section is responsible for analyzing, documenting, recommending, and implementing changes to existing systems and procedures, conduct-

ing studies and developing, implementing and monitoring new systems. It is also responsible for the Commission's forms management program and prepares forms, brochures and manuals. The Commission's legislative proposals and amendments to Acts and Regulations are coordinated by this section. Section staff assist in the administration of the Freedom of Information Act as it applies to the Commission.

The Management Information Section is responsible for the compilation and circulation of statistical information on health service utilization. Separate data bases are maintained for each major program.

This section reviews and evaluates the process of accumulating population and health statistics to maximize their relevancy to the growing demand for information by the Commission, the Department of Health, other provincial government departments, health facilities, provincial and federal governments, the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, and health researchers. The section publishes an annual statistical report and is responsible for the statistical portion of this annual report. The section also prepares a quarterly Statistical Bulletin and the statistical section of the annual report of the Department of Health.

The Integrated Health Systems section is responsible for administering the health information components of the Unisys Initiative.

On September 26, 1986, the Manitoba Government entered into a 4-year Strategic Investment Agreement with Unisys for $30 million in computer hardware, software and services. This investment brings new information processing technology to Manitoba's health care system while creating new opportunities for the growth of computer technology industries in Manitoba.

Under the terms of the agreement, Unisys is to invest approximately $33 million in Manitoba. In turn, Manitoba is to purchase equipment, software and services valued at up to $13 million by December 31, 1987, $9 million in 1988 and $8 million in 1989, bringing Manitoba's total investment to $30 million by December 31, 1989.

A management committee was established, as required by the Agreement, with representation from the Departments of Health and Industry, Trade & Tourism, and the Unisys Corporation.

As of March 31, 1989:

- Unisys has established a Health Care Service Centre employing 55 staff to develop and maintain health care software specifically designed for Manitoba and Canada.
- Manitoba Data Services has acquired a Unisys A-12 mainframe computer. Part of this computer's capacity is being utilized by the Unisys Health Care Service Centre. In addition, Brandon General Hospital has implemented the Unisys Patient Registration, Admission, Transfer, Discharge and Medical Record Abstract system. Grace General Hospital and The Pas Health Complex are in the process of implementing this system.
- The Manitoba Health Organizations Data Centre has been upgraded to a Unisys A-10H mainframe computer. Seven Oaks General Hospital has implemented a Materiel Management system.
- Rural health facilities have installed microcomputers to interface to M.H.O.'s Mainframe Financial systems.
- Misericordia General Hospital has acquired a Unisys A-5 mainframe computer and a network of Unisys personal computers. The Hospital has implemented the Unisys Patient Registration, Admission, Transfer, Discharge system and is in the process of implementing a Laboratory Management system.
- St. Boniface General Hospital has acquired a large Unisys A-12 mainframe computer and has installed Patient Registration, Admission, Transfer, Discharge, Laboratory, Dietary, Medical Record Chart Management, General Ledger/Accounts Payable and Surgery Scheduling systems. Future systems include Pharmacy, Materiel Management and Patient Care.
- A project has been initiated that will result in the installation of microcomputer technology in all provincial laboratory and x-ray units. The initial application will be electronic messaging of laboratory results.

Research and Planning Directorate

The Research and Planning Directorate, established in 1982, consolidates research and planning for the Department of Health and the Manitoba Health Services Commission. The Directorate in 1988/89:

- Completed a reliability study of the Dependency Assessment Tool used in the annual assessment of Personal Care Home residents which was conducted by the Long Term Care Programs Division of the Manitoba Health Services Commission.
- Reviewed provincial obstetrical and neonatal utilization patterns, and completed a national survey of Canadian teaching hospitals' early discharge programs.
- Provided support staff for the Steering Committee of the Health Advisory Network that was formally announced by the Minister of Health in December 1988. A number of task forces are being established

and it is expected they will be reporting their findings and submitting their recommendations during 1989/90.

- Provided staff support to the Review of Rehabilitation Services, being undertaken by Dr. William MacDiarmid. This ministerial review has been established to review and make recommendations on the issues of unequal access to rehabilitation services, especially in rural Manitoba; the shortage of qualified professionals (including physiotherapists, occupational therapists, speech therapists and audiologists); and how to improve service delivery. The review is scheduled to be completed by June, 1989.
- Provided baseline and current data related to health occupations for senior department officials. Developed recommendations for policy, programs and positions relative to health occupation requirements and supply conditions. Produced status reports on interprovincial and Federal/Provincial health occupation topics.
- Monitored nursing vacancy rates in cooperation with the Manitoba Health Services Commission, the Manitoba Association of Registered Nurses and Manitoba Education.
- Represented the Department of Health on the Faculty Postgraduate Medical Education Committee (University of Manitoba).
- Represented the Department of Health on the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR). This is an advisory committee to the Conference of Deputy Ministers of Health on issues related to health occupations.
- Chaired and provided staff support to the Working Group on the Establishment of a National Physician Data Base, which reports to the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR). This group is responsible for the development of a national physician data base which will permit interprovincial comparisons of physician supply, distribution and practice patterns. The first report from the data base will be made to the Spring, 1990 Conference of Deputy Ministers of Health.
- Acted as a resource to the Standing Committee on Medical Manpower (SCOMM) and attended quarterly meetings.
- Updated the Study of Walk-In Clinics utilizing billings for the fiscal year 1987/88, in order to determine the costs of medical services provided by physicians in walk-in clinics relative to the total cost of all medical services provided by fee- for-service physicians and whether "double-doctoring" is occurring.
- Administered a grant to the HEALTHLINE telephone tape library operated by Luther Home. The HEALTHLINE tape selections may be found in Winnipeg and Manitoba telephone directories. During 1988/89 HEALTHLINE tapes used frequently by the public were translated into French.

Health Care Demonstration Projects

During 1988/89, 16 health care demonstration projects were funded for $618,000, making a two-year total of $1.7 million. Each project included an evaluation component and was designed to demonstrate the efficacy of substituting ambulatory procedures for in- patient procedures. These demonstration projects included:

- Shortened Hospital Stay for Low Birth Weight Infants
- Early Discharge Surgical Program
- Centralized Day Surgery Unit
- Community-Based Crisis Management Service for Mentally Ill Adults
- Psychoeducational Program for Families of Schizophrenics
- Review of Diagnostic Services
- Urinary Incontinence Program
- Provincial Home Parenteral Nutrition Program
- Analysis of the Necessity of Sputum Cytological Examination
- Palliative Care Supports
- Immigrant/Refugee Health Outreach
- Cost Containment in Adult Medical Intensive Care Units
- Occupational Therapy Transitional Care
- Discharge Planning Model
- Admission and Discharge Program
- Analysis of Provincial Hospital Separation Abstracts using Diagnostic Related Groups.

All projects provided progress reporting during 1988/89. Final documentation of outcomes will be made during 1989/90.

Geriatric Research

The Research and Planning Directorate has been involved in several research and evaluation projects in the area of geriatric medicine, both independently and in collaboration with geriatricians at the University of Manitoba. These projects encompass the practice of geriatric medicine in a variety of settings, namely, acute and extended hospital care, personal care homes and day hospitals.

Two program evaluations, largely descriptive in nature, are nearing completion. One is the description of Day Hospital patients on admission and discharge, in terms of sociodemographic, medical and functional parameters, which will allow assessment of the impact of day hospital treatment programs. The other is the evaluation of the Seven Oaks General Hospital/Community Health Psychogeriatric Program in terms of patient outcome, program operation and unit cost.

Two other projects are funded by the National Health Research and Development Program (NHRDP):

- The first is a randomized, controlled study of outcome for elderly patients admitted through the emergency departments of both teaching hospitals to either a general medicine or geriatric medicine ward. Patients are followed up for three months after discharge in order to assess the long-term impact of their hospital stay. Research and Planning provided methodological and statistical consultation to the principal investigators during the preparation of the grant application. When the study commenced the Directorate provided project management and statistical analysis.
- A staff member of the Directorate is a co-investigator on the second NHRDP-funded project which is a retrospective assessment of the appropriateness of antibiotic prescribing on a random sample of personal care home residents during the 1986/87 fiscal year.

The final geriatric study is an interprovincial comparison of hospital bed utilization by the elderly. British Columbia documented a substantial increase in utilization among people aged eighty or over during the past twenty years while utilization for the population as a whole remained relatively stable. Manitoba data are being compared to those available from B.C. for the period 1971 to 1986/87.

All these projects are either in the final stages of the data collection phase or have progressed as far as data analysis and report writing, and all will be completed during the summer of 1989.

Introduction to Statistical Section

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for Manitoba residents. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

Table 1 is an analysis of the population of Manitoba by health region, by sex and by age group. The population data are based on the Commission's records of residents registered with the plan.

M.H.S.C. Health Regions Map illustrates regional boundaries within Manitoba.

Figures 1 and 2 based on Table 1 illustrate the percentage distribution of the population by health region and by age group respectively.

Table 2 records health services expenditures by program, during the five-year period April 1984 to March 1989. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

Table 2A is an index of health services expenditures by program for the years 1984/85 to 1988/89, considering 1984/85 as the base year for all the programs except Air Ambulance Program for which the base year is 1986/87.

Figure 3 illustrates the health services expenditure index for the years 1984/85 to 1988/89 for four major programs (Hospital Services, Medical Services, Personal Care Home Services, and Pharmacare Program) and for total expenditures.

Figure 4A to 4D illustrate per capita costs for total insured health, hospital, medical, and personal care home services, for 1984/85 to 1988/89.

Manitoba Hospitals Map illustrates the geographic location and size of all Manitoba acute and extended care hospitals.

Table 3 documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents in their own or other regions.

Figure 5 illustrates hospital days per 1,000 population by region of residence for 1987/88 and 1988/89.

Table 4 documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table 9 which documents medical utilization. These two tables provide an overview of hospital and medical claims by diagnostic category.

Table 5 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size, and related health facilities during 1987/88 and 1988/89.

Manitoba Personal Care Homes Map illustrates the geographic location and size of personal care homes outside of Winnipeg.

Table 6 portrays the number, percentage distribution, and rate per 1,000 population of personal care home residents by age group, sex, and level of care, as at April 1, 1989.

Figure 6 illustrates the number of personal care home residents per 1,000 population by age group and sex, as at April 1, 1989.

Table 7 documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1987/88 and 1988/89.

Table 8 illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payment over $40,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

Figure 7 illustrates the medical services per capita cost by health region of residence for 1987/88 and 1988/89.

Table 9 documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table 4 for hospital cases and days).

Figure 8 compares medical services per capita costs by age group and sex for 1988/89. The significantly higher cost shown for females in the age group 15-34 reflects service costs related to child bearing.

Table 10 compares the average cost per patient by type of practice from 1984/85 to 1988/89.

Table 11 shows the distribution of costs according to type of medical services and the percentage distribution for 1987/88 and 1988/89.

Table 12A shows the number of medical practitioners with M.H.S.C. payment over $40,000, and the average and median payments by type of practice, for 1987/88 and 1988/89. Reference to the table's footnotes is important for correct interpretation.

Table 12B gives the average and median payments by specialty of practice for 1987/88 and 1988/89 where each type of practice has as its threshold 1/2 the mean of M.H.S.C. payments to all physicians of the bloc. Such a methodology provides an estimate of the number of full-time physicians per bloc.

Table 13 shows the number of oral, dental, and periodontal surgeons, optometrists, and chiropractors with M.H.S.C. payment over $40,000, and the average and median payments, for 1987/88 and 1988/89.

Table 14 illustrates the distribution and cost of medical and other health practitioner services by type of practice, for 1987/88 and 1988/89.

Table 1

Manitoba Population by Health Region, Sex, and Age Group,

June 1, 1988

Health Region/Sex	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75 +	Total
Central									
Male	12,474	7,656	7,615	5,771	4,074	3,775	3,377	2,335	47,077
Female	11,957	7,176	7,365	5,404	4,042	4,039	3,869	3,248	47,100
Sub-Total	24,431	14,832	14,980	11,175	8,116	7,814	7,246	5,583	94,177
Eastman									
Male	11,765	7,083	6,993	5,869	3,906	3,312	2,466	1,544	42,938
Female	11,192	6,563	6,821	5,472	3,673	3,048	2,502	1,849	41,120
Sub-Total	22,957	13,646	13,814	11,341	7,579	6,360	4,968	3,393	84,058
Interlake									
Male	9,040	6,157	5,848	5,286	3,758	3,267	2,764	1,558	37,678
Female	8,383	5,617	5,707	5,042	3,545	3,254	2,793	1,953	36,294
Sub-Total	17,423	11,774	11,555	10,328	7,303	6,521	5,557	3,511	73,972
Norman									
Male	12,976	7,736	6,987	5,135	3,205	2,035	1,127	627	39,828
Female	12,147	7,552	6,645	4,566	2,749	1,706	1,116	694	37,175
Sub-Total	25,123	15,288	13,632	9,701	5,954	3,741	2,243	1,321	77,003
Parkland									
Male	5,601	3,789	3,261	3,017	2,369	2,577	2,458	1,686	24,758
Female	5,272	3,238	3,110	2,855	2,227	2,544	2,540	2,134	23,920
Sub-Total	10,873	7,027	6,371	5,872	4,596	5,121	4,998	3,820	48,678
Westman									
Male	13,402	8,814	9,455	7,443	5,312	5,688	4,983	3,621	58,718
Female	12,708	8,576	9,138	7,228	5,524	5,830	5,807	5,281	60,092
Sub-Total	26,110	17,390	18,593	14,671	10,836	11,518	10,790	8,902	118,810
Winnipeg									
Male	63,266	49,751	60,305	45,476	29,538	26,463	19,715	11,224	305,738
Female	60,218	50,013	59,397	46,329	30,200	29,713	26,432	20,676	322,978
Sub-Total	123,484	99,764	119,702	91,805	59,738	56,176	46,147	31,900	628,716
Manitoba									
Male	128,524	90,986	100,464	77,997	52,162	47,117	36,890	22,595	556,735
Female	121,877	88,735	98,183	76,896	51,960	50,134	45,059	35,835	568,679
Total	250,401	179,721	198,647	154,893	104,122	97,251	81,949	58,430	1,125,414

102°
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92°
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88°
60°
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56°
54°
52°
50°
49°
Churchill
Lynn Lake
Leaf Rapids
Stephens Lake
Gillam
Split Lake
NORMAN
Nelson House
Thompson
Nelson River
Hayes River
Gods River
Sherridon
Flin Flon
Wabowden
Sipiwesk Lake
Knee Lake
Gods Lake
Island Lake
The Pas
Norway House
Berens River
Swan River
PARKLAND
Winnipegosis
Dauphin
Russell
Shoal Lake
McCreary
Lake Manitoba
INTERLAKE
Gimli
Hodgson
Bissett
Pine Falls
EASTMAN
Selkirk
Neepawa
Portage la Prairie
WINNIPEG
Virden
Brandon
WESTMAN
CENTRAL
Glenboro
Killarney
Deloraine
Morden
Morris
Emerson
Steinbach
Sprague
M.H.S.C.
HEALTH
REGIONS
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Figure 1

Percentage Distribution of Population by Health Region,
June 1, 1988.

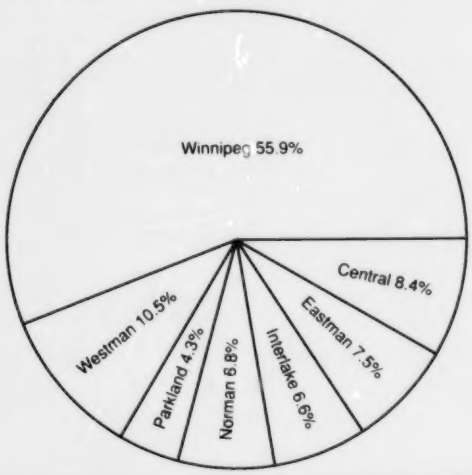


Figure 2

Percentage Distribution of Population by Age Group,
June 1, 1988.

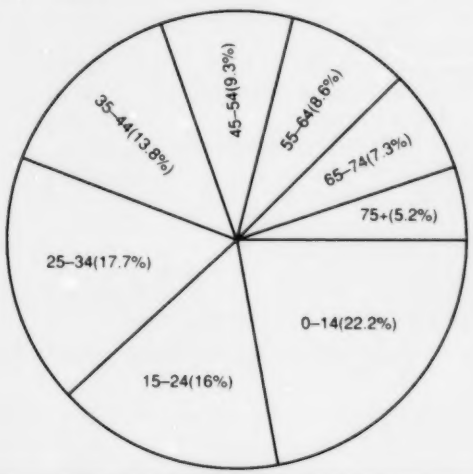


Table 2

Manitoba Health Services Commission Expenditures,
1984/85 to 1988/89.

Services	1984/85	1985/86	1986/87	1987/88	1988/89
			(thousands of dollars)		
Hospital Services (1)	581,724	623,646	682,220	735,073	788,766
Medical Services (2)	188,789	202,138	212,192(4)	226,084(5)(6)	229,235(7)(6)
Personal Care Home Services	146,142	151,982	155,887	169,093	189,733
Pharmacare Program	25,558	27,617	29,136	37,428	40,390
Northern Patient Transportation	2,568	2,728	2,554	2,773	2,744
Ambulance Program	2,010	2,045	2,137	2,310	4,199
Air Ambulance Program	112(8)	1,627(9)	2,340	2,742	3,104
Other Health Services (3)	13,508	14,816	15,637	16,660	17,827
M.H.S.C. Administration	13,780	14,538	15,579	17,556	18,595
Total	**974,191**	**1,041,137**	**1,117,682(4)**	**1,209,719(5)(6)**	**1,294,593(7)(6)**

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialities resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(6) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(7) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialities resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for professional liability insurance fund.

(8) Initial start-up expenditures.

(9) Initial start-up expenditures and partial year operating costs.

Table 2A

Manitoba Health Services Commission Expenditure Index,

1984/85 to 1988/89

Services	1984/85	1985/86	1986/87	1987/88	1988/89
Hospital Services (1)	100.0	107.2	117.3	126.4	135.6
Medical Services (2)	100.0	107.1	112.4(4)	119.8(5)(6)	121.4(7)(6)
Personal Care Home Services	100.0	104.0	106.7	115.7	129.8
Pharmacare Program	100.0	108.1	114.0	146.4	158.0
Northern Patient Transportation	100.0	106.2	99.5	108.0	106.9
Ambulance Program	100.0	101.7	106.3	114.9	208.9
Air Ambulance Program	—(8)	—(8)	100.0	117.2	132.6
Other Health Services (3)	100.0	109.7	115.8	123.3	132.0
M.H.S.C. Administration	100.0	105.5	113.1	127.4	134.9
Total	**100.0**	**106.9**	**114.7(4)**	**124.2(5)(6)**	**132.9(7)(6)**

(1) Include public general, federal, contract facilities, out-of-province facilities, Cadham Laboratory, and Provincial Laboratory & X-ray facilities.

(2) Include medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, as well as Oral, Dental, and Periodontal Surgery.

(3) Include Chiropractic, Optometric, and Prosthetic and Orthotic services.

(4) Includes a 5.56% overall increase in the schedule of fees during 1986/87.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialities resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund. It does not reflect the statement of figures as referred to in Note 7 to the Financial Statements.

(6) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

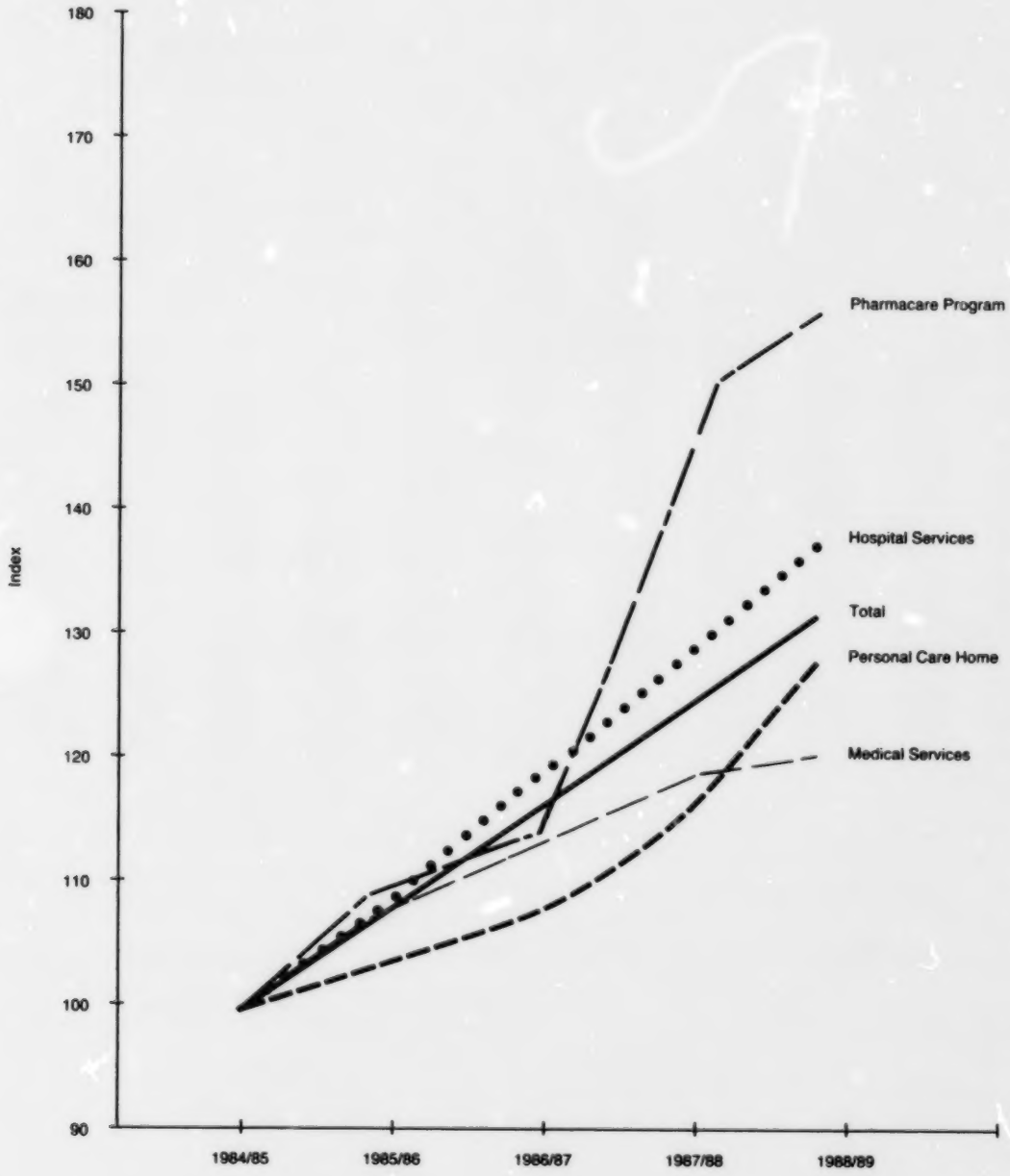
(7) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialities resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for professional liability insurance fund.

(8) Not applicable.

Figure 3

Manitoba Health Services Commission Expenditure Index for Major Programs,

1984/85 to 1988/89

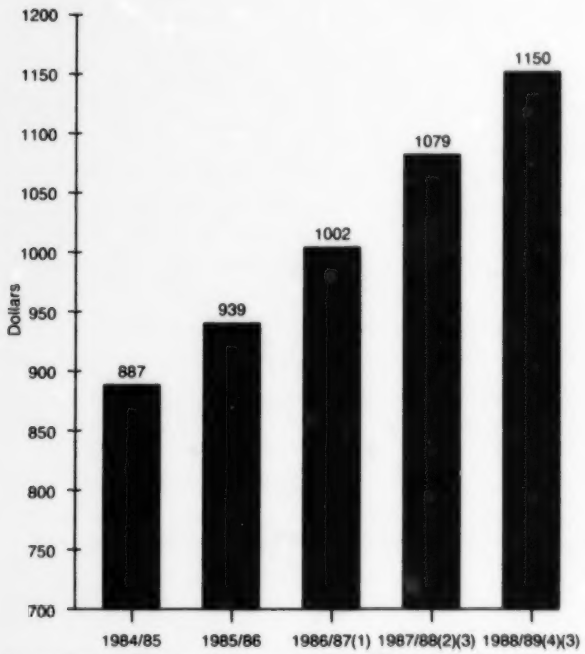


NOTE: Medical services expenditures for 1987/88 and 1988/89 do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

Figure 4A

Manitoba Health Services per Capita Costs,

1984/85 to 1988/89.



(1) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87; includes a 2% increase for Optometry services.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(3) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(4) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Figure 4B

Insured Hospital Services per Capita Costs,

1984/85 to 1988/89.

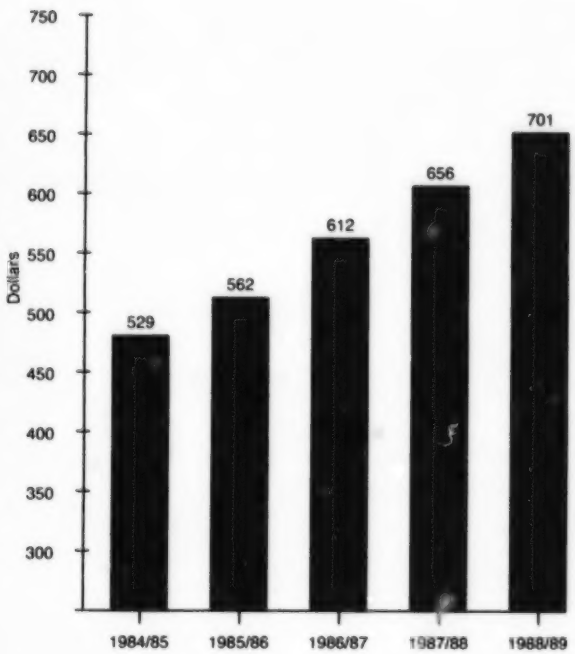
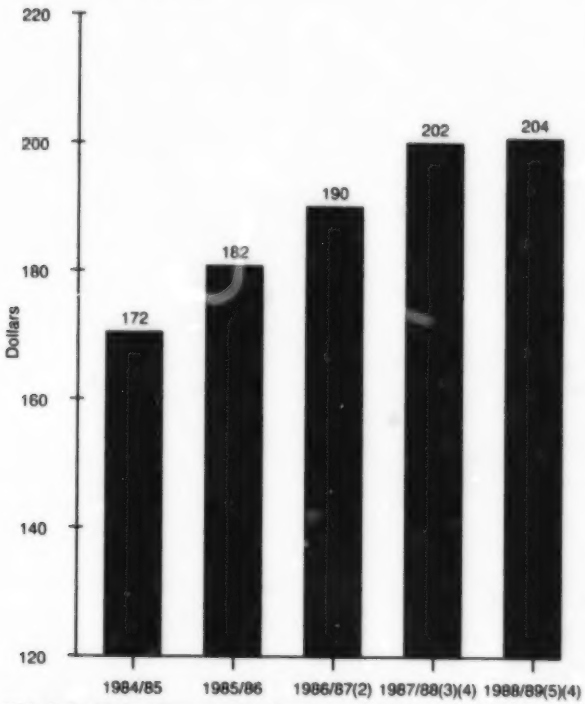


Figure 4C

Insured Medical (1) Services per Capita Costs,

1984/85 to 1988/89.



(1) Includes Medical Services, Oral, Dental, and Periodontal Surgery.

(2) Includes a 5.56% overall increase in the schedule of fees for medical services during 1986/87.

(3) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

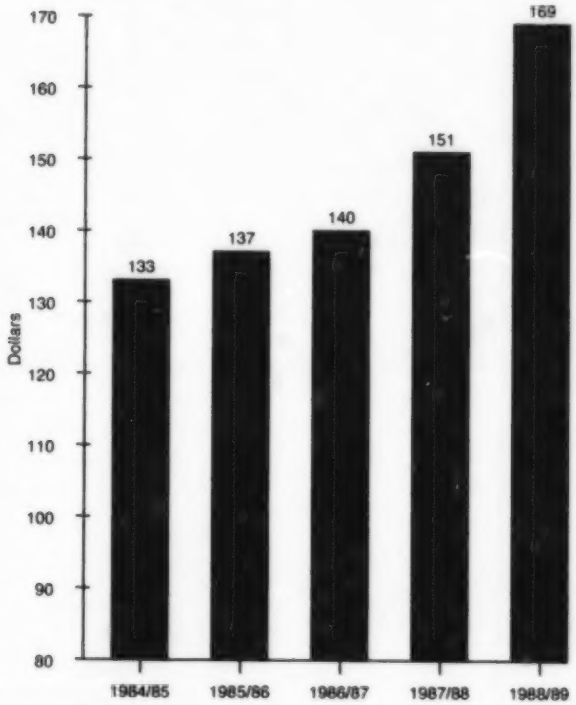
(4) Medical services expenditures do not reflect the restatement of figures as referred to in Note 7 to the Financial Statements.

(5) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Figure 4D

Insured Personal Care Home Services per Capita Costs,

1984/85 to 1988/89.



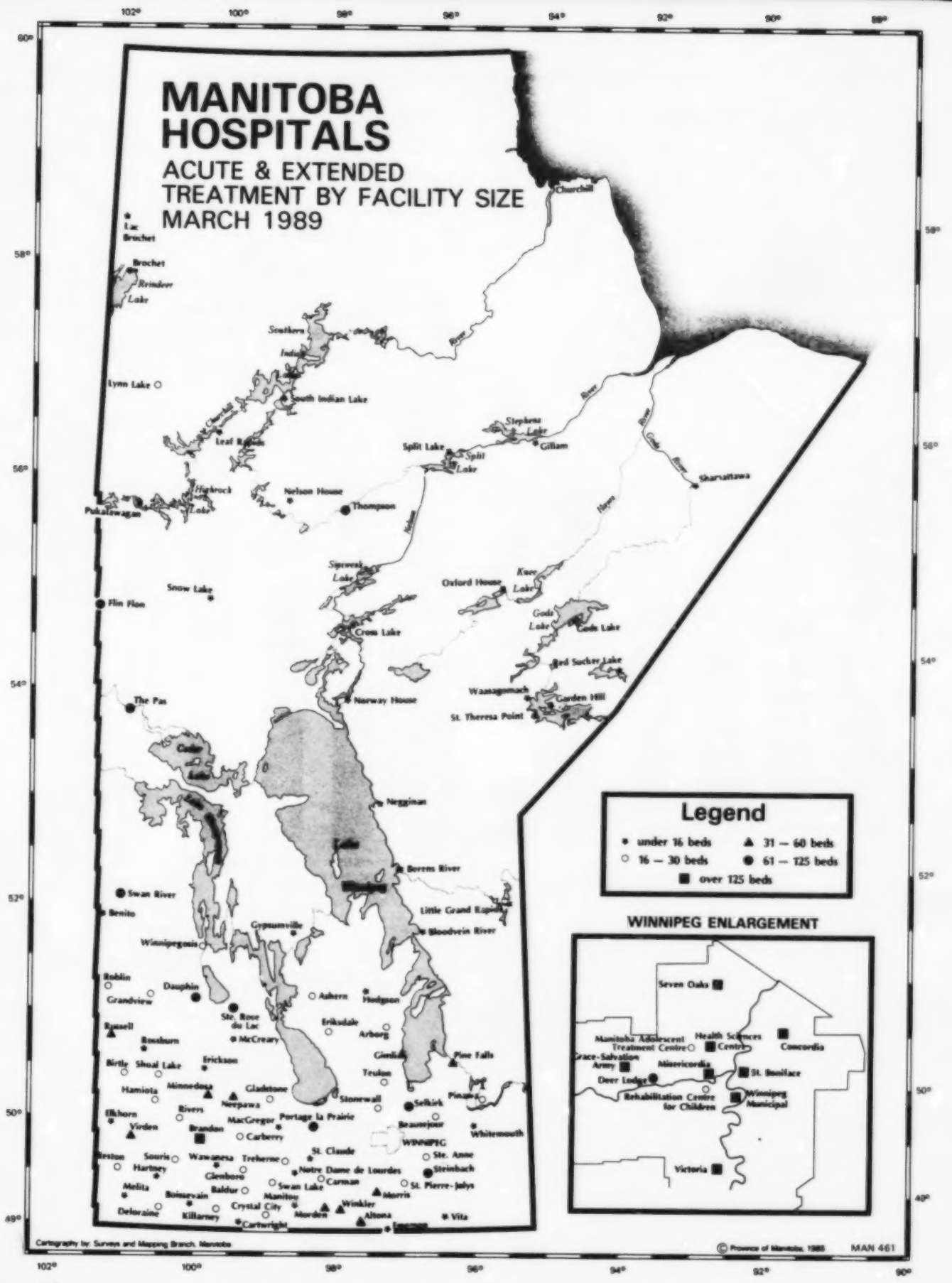

MANITOBA HOSPITALS
ACUTE & EXTENDED TREATMENT BY FACILITY SIZE MARCH 1989
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
WINNIPEG ENLARGEMENT
Seven Oaks
Manitoba Adolescent Treatment Centre
Health Sciences Centre
Concordia
Grace-Salvation Army
Misericordia
St. Boniface
Deer Lodge
Rehabilitation Centre for Children
Winnipeg Municipal
Victoria
Churchill
Lac Brochet
Brochet
Reindeer Lake
Lynn Lake
South Indian Lake
Leaf Rapids
Split Lake
Stephens Lake
Gillam
Shamattawa
Nelson River
Churchill River
Thompson
Nelson House
Pukatawagan
Hyrbrock Lake
Sipiwesk Lake
Oxford House
Knee Lake
Gods Lake
Gods River
Snow Lake
Flin Flon
Cross Lake
Red Sucker Lake
Wanagamack
Garden Hill
St. Theresa Point
Norway House
The Pas
Cedar Lake
Moose Lake
Nelson River
Nipawin
Lake Winnipeg
Berens River
Little Grand Rapids
Bloodvein River
Swan River
Benito
Winnipegosis
Gypsumville
Roblin
Grandview
Dauphin
Ashern
Hodgson
Ste. Rose du Lac
Eriksdale
Arborg
Russell
Roosburn
McCreary
Birtle
Shoal Lake
Erickson
Gimli
Pine Falls
Teulon
Hamiota
Minnedosa
Gladstone
Stonewall
Selkirk
Pinawa
Neepawa
Rivers
Elkhorn
Virden
MacGregor
Portage la Prairie
Brandon
Carberry
Beausejour
Whitemouth
WINNIPEG
Souris
Wawanesa
Treherne
St. Claude
Ste. Anne
Hartney
Glenboro
Notre Dame de Lourdes
Strinbach
Melita
Baldur
Swan Lake
Carman
St. Pierre-Jolys
Boissevain
Manitou
Morris
Deloraine
Killarney
Crystal City
Morden
Winkler
Altona
Vita
Cartwright
Cartography by: Surveys and Mapping Branch, Manitoba
© Province of Manitoba, 1989
MAN 461

Table 3

Population, Health Facility Beds, and Rates Per 1,000 Population by Health Region,

1988/89.

Health Region	Population (1)	Active Treatment		Extended Treatment		Personal Care Home	
		Number (2)	Rate	Number (2)	Rate	Number (2)	Rate
Central	94,177	424	4.5	50	0.5	734	7.8
Eastman	84,058	211	2.5	20	0.2	433	5.2
Interlake	73,972	213	2.9	—	—	519	7.0
Norman	77,003	424	5.5	—	—	156	2.0
Parkland	48,678	324	6.7	39	0.8	425	8.7
Westman	118,810	750	6.3	122	1.0	1,540	13.0
Winnipeg	628,716	3,193	5.1 (3)	647	1.0 (3)	4,594	7.3
Manitoba	**1,125,414**	**5,539**	**4.9**	**878**	**0.8**	**8,401**	**7.5**

(1) M.H.S.C. registered population as of June 1, 1988.

(2) Based on rated capacity as at March 31, 1989.

(3) Actual active and extended treatment beds available for Winnipeg residents were 4.9 per 1,000 population. The remaining beds, accounting for 19.8% of separated days, were used by rural residents and non-residents of the province.

Figure 5

In-Patient Hospital Days per 1,000 Population by Health Region, 1987/88 to 1988/89.

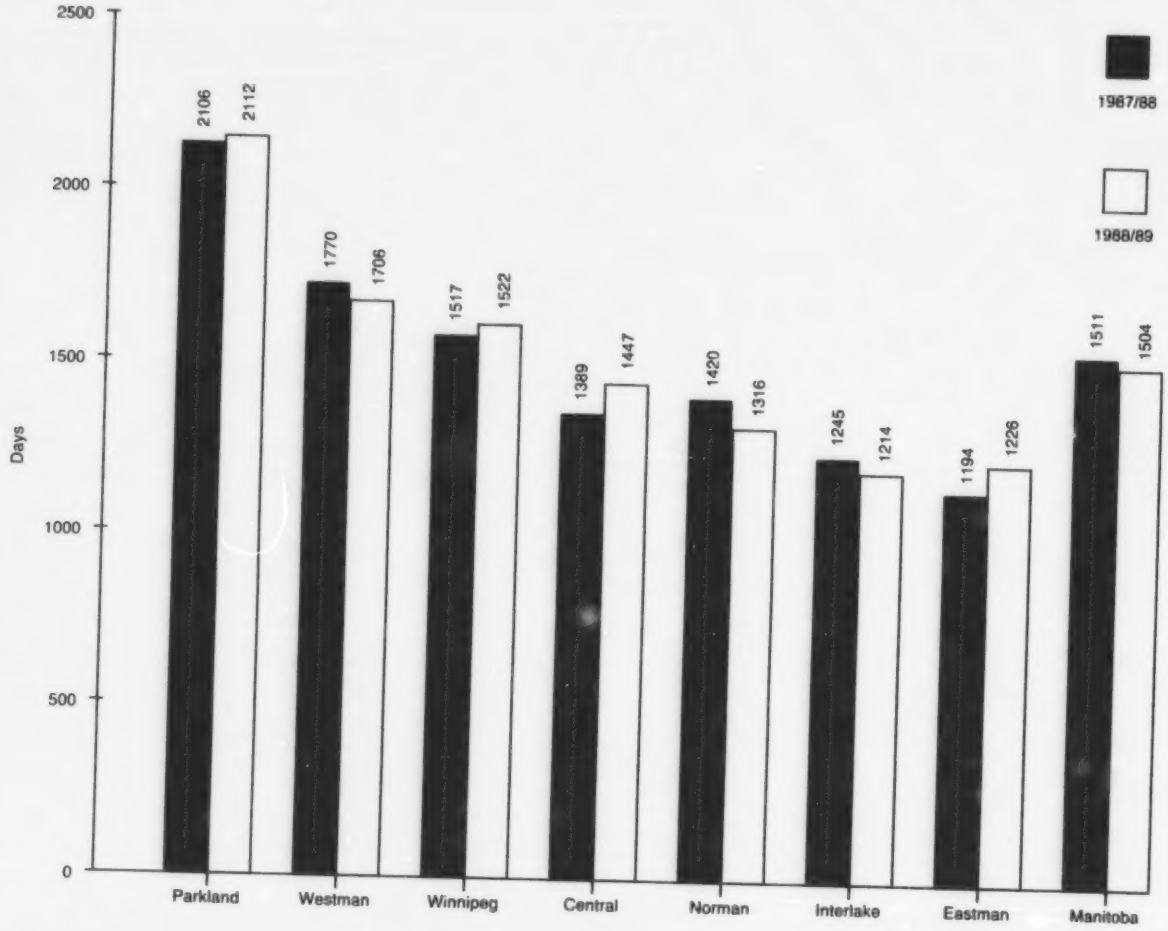


Table 4

Hospital Utilization and Rates per 1,000 Population(1) by Diagnostic Category (Newborns Excluded),

1988/89.

Diagnostic Category(2)	In-Patient Cases	Patient Days	Length of Stay (Days)	% of Total		Rates	
				In-Patient Cases	Patient Days	In-Patient Cases	Patient Days
Infectious and Parasitic Diseases	1,981	25,604	12.9	1.3	1.5	2	23
Neoplasms	9,957	161,929	16.3	6.3	9.6	9	144
Endocrine, Nutritional, and Metabolic Diseases	3,047	38,245	12.6	1.9	2.3	3	34
Diseases of Blood and Blood Forming Organs	1,003	8,738	8.7	0.6	0.5	1	8
Mental Disorders	6,613	183,174	27.7	4.2	10.8	6	163
Diseases of the Nervous System and Sense Organs	5,631	118,158	21.0	3.6	7.0	5	105
Diseases of the Circulatory System	18,000	278,470	15.5	11.5	16.4	16	247
Diseases of the Respiratory System	16,721	131,485	7.9	10.7	7.8	15	117
Diseases of the Digestive System	17,523	129,215	7.4	11.2	7.6	16	115
Diseases of the Genitourinary System	10,224	68,130	6.7	6.5	4.0	9	61
Pregnancy, Childbirth, and the Puerperium	25,316	90,176	3.6	16.1	5.3	22	80
Diseases of the Skin and Subcutaneous Tissue	2,271	21,030	9.3	1.4	1.2	2	19
Diseases of the Musculoskeletal System	6,965	90,477	13.0	4.4	5.3	6	80
Congenital Anomalies	914	7,042	7.7	0.6	0.4	1	6
Conditions Originating in the Perinatal Period	438	4,432	10.1	0.3	0.3	—	4
Symptoms, Signs, and Ill-Defined Conditions	8,770	53,184	6.1	5.6	3.1	8	47
Injury and Poisoning	13,991	167,802	12.0	8.9	9.9	12	149
Factors Influencing Health Status(3)	7,571	115,802	15.3	4.8	6.8	7	103
Total	**156,936**	**1,693,093**	**10.8**	**100.0**	**100.0**	**139**	**1,504**

(1) M.H.S.C. registered population as of June 1, 1988.

(2) ICD-9-CM.

(3) Factors Influencing Health Status and Contact with Health Services.

Table 5

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1987/88 and 1988/89.

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Active Treatment-Public General:				
15 Beds and Under:				
Benito	9	9	445,032	477,528
Boissevain	12	12	918,984	956,208
Cartwright	10	10	455,616	510,216
Elkhorn	8	8	397,008	408,720
Emerson	12	12	594,528	616,206
Erickson	14	14	651,888	701,472
Gillam	15	5	1,357,008	1,286,280
Glenboro	14	14	839,904	878,304
Hartney	9	9	460,320	482,472
Leaf Rapids	8	8	668,088	692,592
Macgregor — North Norfolk	6	6	423,072	430,296
Manitou — Pembina	14	14	631,656	658,776
McCreary — Alonsa	13	13	678,672	705,648
Melita-Wilson Memorial	11	11	756,720	811,455
Notre Dame	10	10	644,328	684,432
Rossburn	10	10	589,800	601,440
St. Claude	12	12	728,688	746,448
Snow Lake	4	4	601,464	596,088
Vita	11	11	662,736	705,480
Wawanesa	9	9	614,040	630,624
Whitemouth	6	6	674,304	716,430
Sub-Total	**217**	**207**	**13,793,856**	**14,297,115**
16-30 Beds:				
Arborg	16	16	1,311,192	1,331,208
Ashern — Lakeshore	16	16	900,792	924,384
Baldur	16	16	728,544	771,576
Beausejour	30	30	1,555,464	1,655,784
Birtle	19	19	1,089,456	1,135,973
Carberry — Fox Memorial	29	29	1,140,648	1,233,716
Carman	30	30	2,341,392	2,395,536
Crystal City — Rock Lake	16	16	1,027,200	1,032,409
Deloraine — South West Health District	18	18	1,062,528	1,111,080
Eriksdale — E.M. Crowe Memorial	17	17	834,240	861,840
Gilbert Plains	—	—	135,576	99,960
Gladstone — Seven Regions	20	20	1,500,913	1,577,064
Grandview	18	18	997,050	1,654,171
Hamiota	21	21	1,365,840	1,460,832
Killarney — Tri Lake H.C.	26	26	1,650,888	1,722,512
Lynn Lake	25	25	1,271,688	1,279,320
Pinawa	17	17	936,264	940,374
Reston	17	17	822,864	859,296
Rivers — Riverdale	16	16	864,240	897,840
Roblin	25	25	1,415,184	1,467,936
Ste. Anne	21	21	1,708,344	1,750,632

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1987/88 and 1988/89.

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
St. Pierre — Desalaberry	19	19	945,000	992,446
Shoal Lake	23	23	1,051,896	1,098,600
Souris	30	30	1,871,028	1,991,649
Stonewall — Dr. Evelyn Memorial	18	18	1,076,520	1,090,296
Swan Lake — Lorne Memorial	22	22	1,298,304	1,360,200
Teulon — Hunter Memorial	20	20	1,504,776	1,556,071
Treherne — Tiger Hills Health District	18	18	1,027,968	1,069,032
Winnipegosis	18	18	967,536	1,002,432
Sub-Total	**581**	**581**	**34,403,335**	**36,324,169**
31-60 Beds:				
Altona	32	32	1,609,080	1,658,824
Churchill Health Centre	31	31	2,931,312	3,023,021
Gimli — Johnson Memorial	35	35	1,946,472	2,046,329
Minnedosa	35	35	1,811,880	1,903,008
Morden	48	48	4,486,728	4,703,256
Morris	39	39	1,779,264	1,900,404
Neepawa	38	38	2,388,168	2,487,504
Pine Falls	35	35	2,959,440	2,968,854
Russell	38	38	1,812,120	1,867,272
Steinbach — Bethesda	65	60	5,102,904	5,849,160
Virden	32	32	1,546,512	1,667,880
Winkler — Bethel	57	57	3,553,536	3,783,632
Sub-Total	**485**	**480**	**31,927,416**	**33,859,144**
61-125 Beds:				
Dauphin	105	105	12,279,072	12,037,104
Flin Flon	100	100	5,113,704	5,409,558
Portage	104	104	7,640,976	8,002,416
Ste. Rose	68	68	3,299,496	3,407,640
Selkirk	75	75	7,794,360	8,200,632
Swan River	68	68	5,464,752	5,785,992
The Pas — St. Anthony's	84	84	8,062,704	8,739,819
Thompson	100	100	9,188,424	9,658,327
Sub-Total	**704**	**704**	**58,843,488**	**61,241,488**

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1987/88 and 1988/89.

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Over 125 Beds:				
Brandon	279	279	32,098,104	35,178,312
Concordia	136	136	16,125,096	16,983,624
Grace-Salvation Army	301	301	33,572,496	35,386,223
Health Sciences Centre	1,113	1,113	208,414,296	220,492,543
Misericordia	409	409	39,538,800	41,979,912
St. Boniface	617	617	122,785,948	128,090,616
Seven Oaks	216	326	36,226,008	37,721,208
Victoria	246	246	28,484,424	29,845,704
Sub-Total	**3,317**	**3,427**	**517,245,172**	**545,678,142**
Total Public General Hospitals	**5,304**	**5,399**	**656,213,267**	**691,400,058**
Specialty Hospitals:				
Manitoba Adolescent Treatment Centre	25	25	3,581,496	3,751,104
Rehabilitation Centre for Children	20	20	1,727,808	1,861,992
Total Specialty Hospitals	**45**	**45**	**5,309,304**	**5,613,096**
Federal Hospitals:				
Hodgson — P.E. Moore	16	16	573,845	682,522
Norway House	16	16	675,630	701,208
Berens River, N.S.	6	6	8,645	12,017
Bloodvein, N.S.	2	2	6,045	2,058
Brochet, N.S.	3	3	6,046	5,056
Cross Lake, N.S.	4	4	24,688	30,907
Garden Hill, N.S.	3	3	13,578	10,068
God's Lake, N.S.	4	4	12,581	16,054
Lac Brochet, N.S.	2	2	4,697	4,557
Little Grand Rapids, N.S.	4	4	3,338	4,551
Nelson House, N.S.	4	4	10,719	12,640
Oxford House, N.S.	3	3	27,514	10,410
Poplar River, N.S.	4	4	3,678	5,615
Pukatawagan, N.S.	4	4	10,997	15,267
Red Sucker Lake, N.S.	2	2	2,033	1,813
Ste. Theresa, N.S.	3	3	7,340	9,696
Shamatawa, N.S.	4	4	7,782	13,072
South Indian Lake, N.S.	6	6	6,961	8,618
Split Lake, N.S.	4	4	2,627	7,884
Wassagamack, N.S.	1	1	3,347	3,701
Sub-Total	**95**	**95**	**1,412,091**	**1,557,714**
Total Active Treatment Hospitals	**5,444**	**5,539**	**662,934,662**	**698,570,868**

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1987/88 and 1988/89.

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Extended Treatment Hospitals:				
Brandon — Assiniboine	122	122	—(2)	—(2)
Dauphin	20	20	—(2)	—(2)
Deer Lodge Centre	106	106	—(3)	—(3)
Grace — Salvation Army — Psychiatric	20	20	—(2)	—(2)
Morden	23	23	—(2)	—(2)
Portage	27	27	—(2)	—(2)
St. Boniface	184	184	—(2)	—(2)
Steinbach — Bethesda	20	20	—(2)	—(2)
Swan River	19	19	—(2)	—(2)
Winnipeg Municipal	337	337	24,164,496	25,354,008
Total Extended Treatment Hospitals	**878**	**878**	**24,164,496**	**25,354,008**
Total Hospitals	**6,322**	**6,417**	**687,099,158**	**723,924,876**
Community Health Centres and Clinics:				
Churchill Health Centre	—	—	571,464	682,200
Deloraine — South West Health District	—	—	—	446,403
Fisher Medical Centre	—	—	160,392	166,344
Gillam — Sundance			520,488	583,584
Gypsumville Clinic	—	—	33,264	32,874
Hamiota Health Centre	—	—	591,264	745,176
Health Action Centre	—	—	903,429	1,011,504
Hope Centre	—	—	194,250	232,968
Klinic	—	—	1,689,912	1,647,104
Lac du Bonnet Health Centre	—	—	367,032	388,350
Leaf Rapids Health Centre	—	—	731,328	7 ,0,488
Lynn Lake Medical Clinic	—	—	—	187,182
Mount Carmel Clinic	—	—	2,304,670	2,434,771
Nor'West Co-operative Health and Social Services Centre Inc.	—	—	399,024	427,168
Notre Dame Medical Nursing Unit	—	—	99,216	104,016
Occupational Health Centre	—	—	428,737	417,712
Riverton	—	—	18,072	16,992
Seven Regions Health Centre	—	—	390,216	359,904
University of Manitoba-Northern Medical Unit	—	—	485,832	1,245,576
Village Clinic	—	—	199,989	304,636
Vita	—	—	50,952	98,688
Women's Health Centre	—	—	559,833	684,032
Total	**—**	**—**	**10,699,364**	**12,977,672**

Table 5 (Continued)

Health Facilities — Hospital Rated Beds; Net M.H.S.C. Payments,

1987/88 and 1988/89.

Hospital Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Other Health Facilities:				
Eden Mental Health Centre	— (4)	— (4)	2,705,232	2,999,295
Manitoba Cancer Treatment and Research Foundation	—	—	7,711,488	8,386,627
Manitoba Cardiac Institute	—	—	285,696	294,600
Camp Shilo	—	—	19,650	21,261
Westman Laboratory	—	—	5,524,372	5,835,961
Red Cross Blood Transfusion	—	—	6,871,152	8,379,819
Cadham Provincial Laboratory	—	—	5,712,269	6,100,090
Out-of-Province	—	—	14,465,555	18,164,528
Unisys	—	—	1,393,818	5,043,260
Total			**44,689,232**	**55,225,441**
Grand Total — All Facilities	**6,322**	**6,417**	**742,487,754 (5)**	**792,127,989 (5)**

(1) As of March 31.

(2) Payments included in amounts shown for active treatments hospitals.

(3) Payments included in amounts shown for personal care home beds noted on page 52.

(4) The Eden Mental Health Centre has a rated bed capacity of 40. These are not included in the Commission's figures.

(5) The difference between net M.H.S.C. payments and Hospital expenditures per Table 2 is attributable to the inclusion of costs for non-residents which were subsequently recovered from other provinces and territories, year end accruals, and other adjustments.

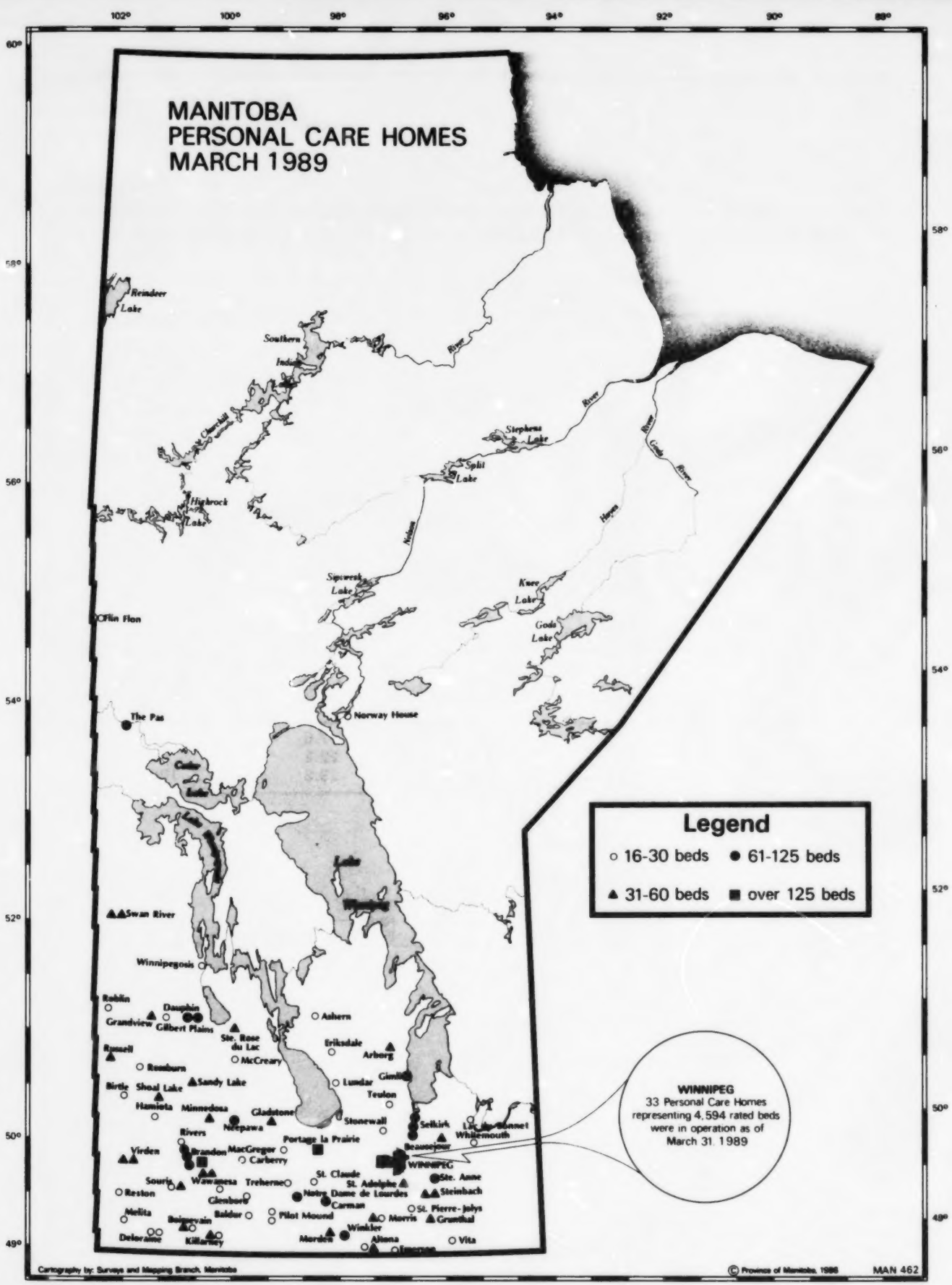

MANITOBA
PERSONAL CARE HOMES
MARCH 1989
Legend
16-30 beds
61-125 beds
31-60 beds
over 125 beds
WINNIPEG
33 Personal Care Homes representing 4,594 rated beds were in operation as of March 31, 1989
Cartography by: Surveys and Mapping Branch, Manitoba
© Province of Manitoba, 1989
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Table 6

Number, Percentage Distribution, and Rates per 1,000 Population of Personal Care Home Residents by Age Group, Sex, and Level of Care,

as at April 1, 1989.

Age Group	Sex	Level 1	Level 2	Level 3	Level 4	Total	Percent	Rate
Under 65	M	8	73	78	61	220	2.7	0.4
	F	3	55	53	91	202	2.5	0.4
65 - 69	M	5	65	62	31	163	2.0	8.0
	F	5	71	66	44	186	2.3	7.6
70 - 74	M	16	82	94	60	252	3.1	15.3
	F	14	129	108	85	336	4.1	16.4
75 - 79	M	25	118	133	115	391	4.8	33.9
	F	36	213	210	212	671	8.2	42.1
80 - 84	M	32	151	152	129	464	5.7	69.5
	F	70	408	422	363	1,263	15.4	118.0
85 +	M	86	300	310	222	918	11.2	208.5
	F	185	1,038	866	1,025	3,114	38.1	339.1
Totals	**M**	**172**	**789**	**829**	**618**	**2,408**		**4.3**
	F	**313**	**1,914**	**1,725**	**1,820**	**5,772**		**10.1**
	T	**485**	**2,703**	**2,554**	**2,438**	**8,180**		**7.3**
Percent	**M**	**2.1**	**9.6**	**10.1**	**7.6**		**29.4**	
	F	**3.8**	**23.4**	**21.1**	**22.2**		**70.6**	
	T	**5.9**	**33.0**	**31.2**	**29.8**		**100.0**	

Figure 6

Personal Care Home Residents per 1,000 Population by Age Group and Sex,

as at April 1, 1989.

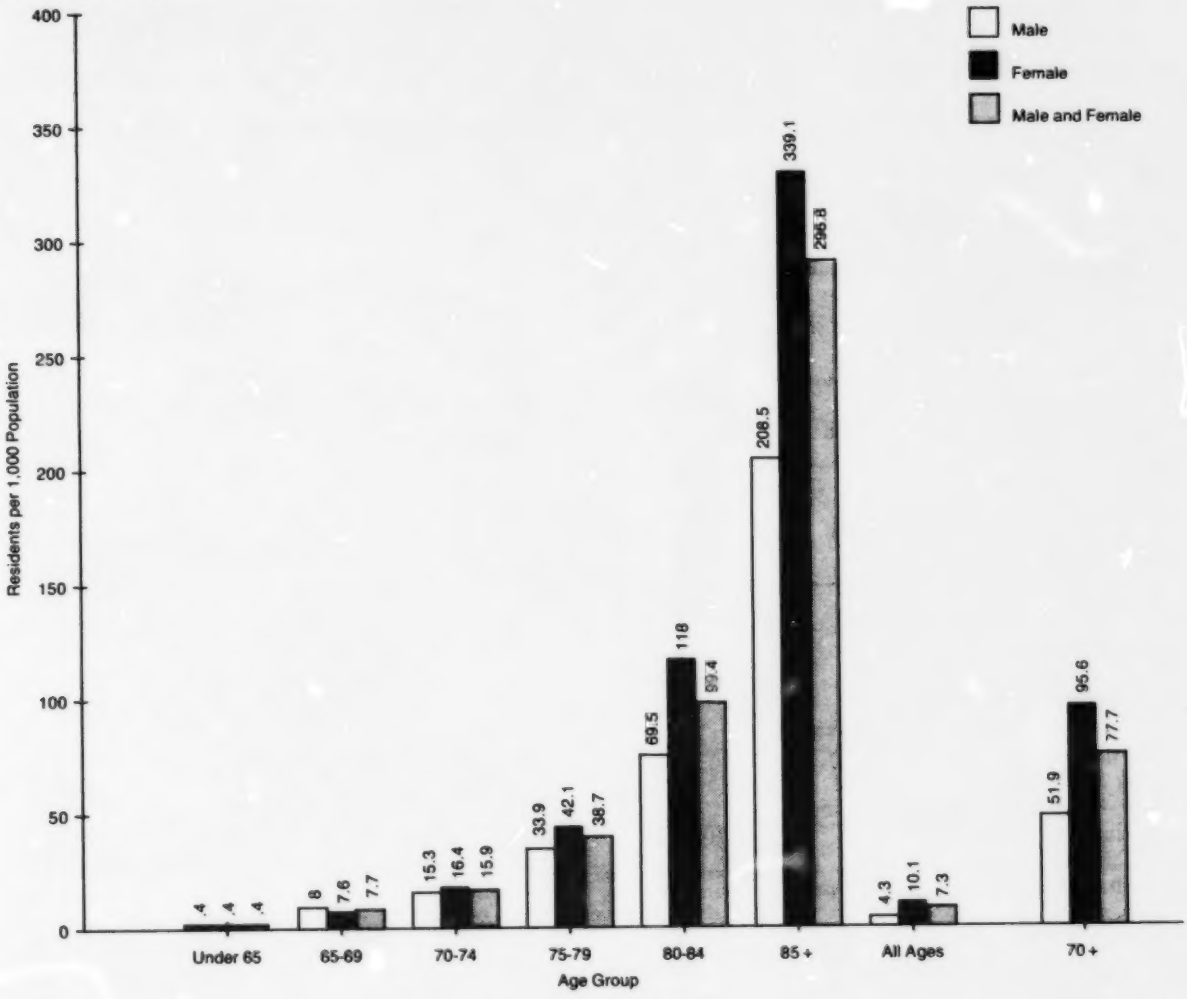


Table 7

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region,

1987/88 and 1988/89.

Personal Care Home Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Central Region:				
Altona and District, Altona	25	25	583,584	616,464
Boyne Lodge, Carman	70	70	1,461,144	1,726,213
The Ebenezer Home, Altona	46	46	686,376	857,241
Foyer Notre Dame, Notre Dame de Lourdes	61	61	1,222,752	1,328,208
Holiday Retreat, Portage	—	—	41,765	105
Lions Prairie Manor, Portage	151	151	2,307,024	2,648,899
MacGregor P.C.H., MacGregor	20	20	443,640	487,944
Manoir de St. Claude Inc., St. Claude	18	18	481,344	526,416
Morris Eventide Home, Morris	26	26	228,240	269,709
Red River Valley Lodge, Emerson	20	20	426,576	455,664
Red River Valley Lodge, Morris	40	40	859,296	891,264
Salem Home, Winkler	125	125	2,410,152	3,577,430
Tabor Home, Morden	60	60	1,090,248	1,327,564
Third Crossing Manor, Gladstone	50	50	856,392	988,398
Tiger Hills Manor, Treherne	22	22	450,000	543,952
Sub-Total	**734**	**734**	**13,548,533**	**16,245,471**
Eastman Region:				
Bethesda, Steinbach	60	60	1,146,456	1,230,240
Eastgate Lodge, Beausejour	60	60	1,192,508	1,285,782
Lac du Bonnet District Health Centre, Lac du Bonnet	30	30	696,552	813,178
Manoir St. Pierre, St. Pierre Jolys	16	16	442,848	485,627
Menno Home for the Aged, Grunthal	40	40	675,559	749,255
Rest Haven, Steinbach	60	60	1,173,520	1,237,621
St. Adolphe N.H., St. Adolphe	42	42	798,887	826,465
Shevchenko Senior Citizens Home, Vita	30	30	572,016	626,517
Villa Youville, Ste. Anne	75	75	1,184,232	1,420,308
Whitemouth P.C.H., Whitemouth	20	20	402,679	674,295
Sub-Total	**433**	**433**	**8,285,257**	**9,349,288**
Interlake Region:				
Betel Home Foundation, Gimli	95	95	1,226,232	1,425,570
Betel Home Foundation, Selkirk	94	94	1,549,248	1,919,901
Goodwin Lodge, Teulon	20	20	528,168	573,558
Lakeshore District Health System, Ashern	20	20	395,400	528,075
Lakeshore District Health System, Eriksdale	20	20	438,048	501,498
Lakeshore District Health System, Lundar	20	20	554,520	635,446
Pioneer Health Services, Arborg	40	40	765,264	831,332

Table 7 (Continued)

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region,

1987/88 and 1988/89.

Personal Care Home Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Red River Place, Selkirk	104	104	2,192,217	2,365,034
Rosewood Lodge, Stonewall	30	30	669,576	748,368
Tudor House, Selkirk	76	76	1,106,710	1,447,114
Sub-Total	**519**	**519**	**9,425,383**	**10,975,896**
Norman Region:				
Flin Flon P.C., Flin Flon	30	30	812,328	895,272
Northern Lights Manor, Flin Flon	30	30	344,256	426,154
Pinaow-Wachi, Norway House	26	26	168,816	138,901
St. Paul's Residence, The Pas	70	70	1,531,680	1,650,360
Sub-Total	**156**	**156**	**2,857,080**	**3,110,687**
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	2,054,544	2,116,872
Dr. Gendreau Memorial Home, Ste. Rose	40	40	780,319	864,419
Gilbert Plains P.C.H., Gilbert Plains	30	30	886,920	1,057,370
Grandview P.C.H., Grandview	40	40	783,792	862,776
McCreary — Alonsa P.C.H., McCreary	20	20	446,376	488,892
St. Paul's Home, Dauphin	70	70	1,405,176	1,567,592
Roblin District P.C.H., Roblin	30	30	660,240	756,632
Swan River Valley Lodge, Swan River	50	50	431,448	474,408
Swan River Valley P.C.H., Swan River	60	60	1,194,984	1,249,248
Winnipegosis — Mossey River, Winnipegosis	20	20	485,400	564,936
Sub-Total	**425**	**425**	**9,129,199**	**10,003,145**
Westman Region:				
Baldur Manor P.C.H., Baldur	20	20	505,608	555,432
Bayside P.C.H., Killarney	30	30	681,144	838,902
Birch Lodge, Hamiota	30	30	620,424	746,147
Birtle P.C.H. Inc., Birtle	20	20	468,384	511,241
B.M.W. Health Facilities, Boissevain	20	20	493,224	555,578
Bren-Del-Win Lodge, Deloraine	30	30	464,880	611,311
Carberry P.C.H., Carberry	30	30	567,552	592,800
Central Park Lodge, Brandon	89	89	1,591,319	1,696,075
Deloraine and District P.C.H., Deloraine	16	16	443,616	487,980
Eastview Lodge, Neepawa	125	125	1,989,412	2,210,326
Fairview Home, Brandon	248	248	4,176,072	5,047,496
Glenboro P.C.H., Glenboro	20	20	433,320	491,970
Hillcrest Place, Brandon	100	100	1,835,757	1,977,725
International N.H., Brandon	45	45	440,916	743,963

Table 7 (Continued)

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region,

1986/87 and 1988/89.

Personal Care Home Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Lakeview Senior Citizens Home, Killarney	39	39	351,264	417,384
Melita and Area P.C.H., Melita	20	20	429,144	481,794
Minnedosa and District P.C.H., Minnedosa	50	50	1,051,512	1,121,448
Morley House, Shoal Lake	40	40	791,881	811,687
Prairie View Lodge, Pilot Mound	30	30	282,384	308,241
Rideau Park P.C.H., Brandon (Opened May 19, 1988.)	—	100	317,220	6,396,523
Riverdale P.C.H., Rivers	20	20	412,776	476,865
Rock Lake P.C.H., Pilot Mound	24	24	671,064	730,722
Rossburn P.C.H., Rossburn	20	20	478,968	588,266
Russell and District P.C.H., Russell	40	40	777,576	954,428
Sandy Lake Home, Sandy Lake	36	36	634,728	691,201
Souris District P.C.H., Souris	34	34	778,128	890,902
The Salvation Army Dinsdale, Brandon	60	60	1,248,917	1,369,214
The Sherwood, Virden	50	50	330,408	547,253
Victoria Park Lodge, Souris	20	20	309,120	387,634
Wawanesa P.C.H., Wawanesa	20	20	503,448	576,948
Westman N.H., Virden	50	50	909,000	1,016,328
Westview Lodge, Boissevain	44	44	388,056	472,334
Willowview Home, Reston	20	20	499,320	640,257
Sub-Total	**1,440**	**1,540**	**25,876,542**	**35,946,375**
Winnipeg Region:				
Beacon Hill Lodges Ltd.	175	175	3,254,921	3,569,687
Bethania Mennonite P.C.H.	150	150	3,888,641	4,098,010
Central Park Lodge, Poseidon Bay	218	218	3,937,497	4,364,520
Central Park Lodge, Edmonton Street	277	277	4,914,025	5,335,167
Convalescent Home	84	84	1,444,488	1,626,207
Deer Lodge Centre	185	198	8,373,958 (2)	9,202,853 (2)
Donwood Manor	81	81	1,563,582	1,651,171
Fort Garry Care Centre	64	64	1,254,830	1,312,029
Foyer Valade	70	118	1,194,000	3,746,714
Golden Door Geriatric Centre	78	78	1,405,106	1,516,246
Golden West Centennial Lodge	91	91	847,570	1,179,384
Rolmar Investments Inc.	86	86	1,679,767	1,804,216
Holiday Haven N.H.	155	155	2,845,248	3,074,873
Holy Family N.H.	284	284	5,772,696	6,461,735
Kiwanis Centre for the Deaf	22	22	521,544	592,644
Lions Manor	135	135	625,848	1,019,641
Luther Home	80	80	1,453,841	1,651,432
Manitoba Oddfellows Home	43	43	330,912	422,361
Maples P.C.H. Limited	200	200	4,030,025	4,394,893

Table 7 (Continued)

Personal Care Home Rated Bed Capacity and Net M.H.S.C. Payments by Health Region,

1987/88 and 1988/89.

Personal Care Home Name	Rated Bed Capacity(1)		Net M.H.S.C. Payments	
	1987/88	1988/89	1987/88 $	1988/89 $
Meadowood Manor	90	90	1,377,744	1,604,188
Metro Kiwanis Courts	47	47	248,977	399,088
The Middlechurch Home	197	197	3,528,000	4,219,773
Nightingale N.H. (Closed March 31, 1987)	—	—	493	—
Oddfellows and Rebekahs P.C.H. Inc.	90	90	1,613,784	1,894,189
Park Manor P.C.H.	100	100	1,851,744	2,135,273
St. Joseph's Residence	100	100	1,845,672	2,152,782
St. Norbert N.H.	91	91	1,770,167	1,928,385
The Sharon N.H.	208	208	3,359,688	3,878,771
Tache Nursing Centre	320	320	7,863,288	8,765,160
Tuxedo Villa	211	211	3,601,951	3,976,820
Villacentres Management	244	245	4,349,022	4,706,287
Vista Park Lodge	100	100	2,077,686	2,190,448
West Park Manor	150	150	2,383,560	2,744,770
Winnipeg Presbytery Society	106	106	1,912,584	2,002,392
Sub-Total	**4,532**	**4,594**	**87,122,859**	**99,622,109**
Total Personal Care Homes	**8,239**	**8,401**	**156,244,853 (3)**	**185,252,971 (3)**
Sanatorium Board of Manitoba-Community Therapy Service	**—**	**—**	**1,718,592**	**1,589,429**
Grand Total All Facilities	**8,239**	**8,401**	**157,963,445**	**186,842,400**

(1) As at March 31.

(2) Includes payments to the 106 bed extended treatment hospital noted on page 45.

(3) The difference between M.H.S.C. payments and Personal Care Home expenditures per Table 2 represents year end accruals and sundry adjustments.

Table 8

Number of Health Practitioners and Population per Practitioner by Health Region,

1988/89.

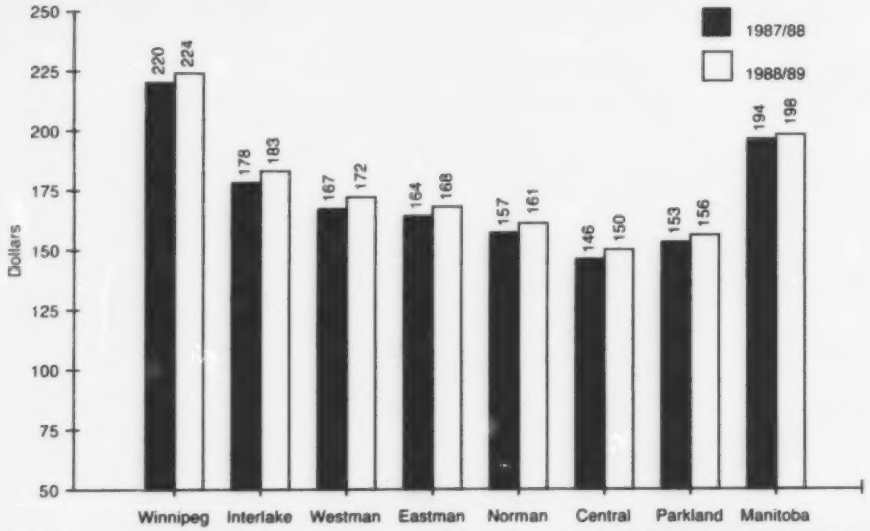
Health Region	Population(1)	Practitioners Receiving Payment in Excess of $40,000					
		Physicians		Chiropractors		Optometrists	
		Number	Population/ Physician	Number	Population/ Chiropractor	Number	Population/ Optometrist
Central	94,177	55	1,712	6	15,696	6	15,696
Eastman	84,058	41	2,050	5	16,812	2	42,029
Interlake	73,972	39	1,897	4	18,493	2	36,986
Norman	77,003	44	1,750	1	77,003	1	77,003
Parkland	48,678	32	1,521	3	16,226	2	24,339
Westman	118,810	129	921	9	13,201	11	10,801
Winnipeg	628,716	1,051	598	64	9,824	39	16,121
Manitoba	**1,125,414**	**1,391**	**809**	**92**	**12,233**	**63**	**17,864**

(1) M.H.S.C. registered population as of June 1, 1988.

Figure 7

Medical Services per Capita Cost by Health Region,

1987/88(1) and 1988/89(2).



(1) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Table 9

Medical Services and Costs by Diagnostic Category,

1988/89.

Diagnostic Category(1)	Number of Services	Costs ($)	Percentage Distribution	
			Services	Costs ($)
Infectious and Parasitic Diseases	287,266	3,929,460	2.1	1.8
Neoplasms	341,715	8,403,178	2.5	3.8
Endocrine, Nutritional, and Metabolic Diseases	468,012	6,495,991	3.5	2.9
Diseases of Blood and Blood Forming Organs	137,117	1,678,428	1.0	0.8
Mental Disorders	1,020,431	15,912,999	7.6	7.1
Diseases of the Nervous System and Sense Organs	981,699	19,135,862	7.3	8.6
Diseases of the Circulatory System	1,067,725	19,218,008	7.9	8.6
Diseases of the Respiratory System	1,306,474	20,067,123	9.7	9.0
Diseases of the Digestive System	534,849	14,401,015	4.0	6.5
Diseases of the Genitourinary System	838,160	16,318,227	6.2	7.3
Pregnancy, Childbirth, and the Puerperium	137,004	8,337,663	1.0	3.7
Diseases of the Skin and Subcutaneous Tissue	596,523	8,881,514	4.4	4.0
Diseases of the Musculoskeletal System	809,420	13,884,555	6.0	6.2
Congenital Anomalies	37,002	1,433,274	0.3	0.6
Conditions Originating in the Perinatal Period	33,424	516,505	0.2	0.2
Symptoms, Signs, and Ill-Defined Conditions	929,525	15,338,169	6.9	6.9
Injury and Poisoning	842,959	15,724,261	6.3	7.1
Factors Influencing Health Status (2)	1,927,916	23,026,738	14.4	10.3
Without Diagnosis	1,137,590	10,117,337	8.5	4.5
Total(3)	**13,434,811**	**222,820,307 (4)**	**100.0**	**100.0**

(1) ICD-9-CM.

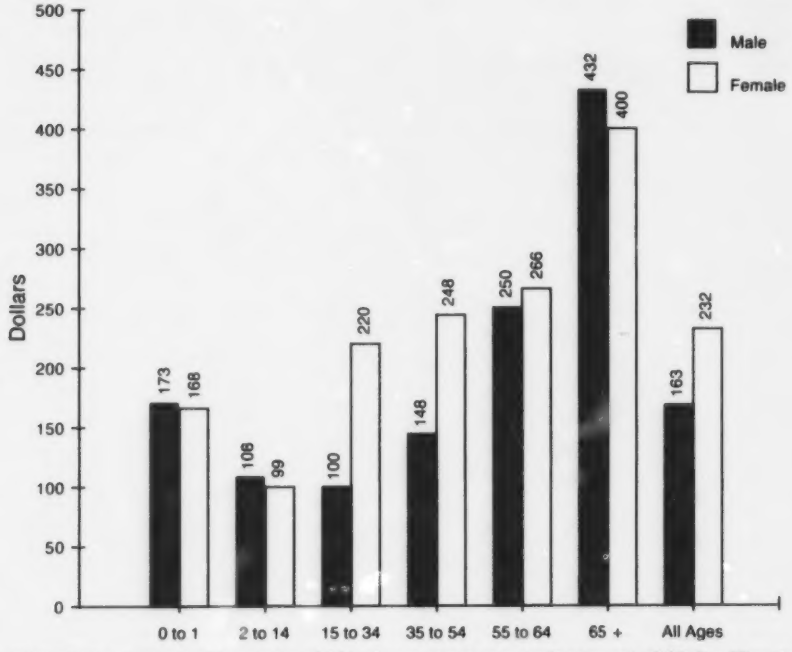
(2) Factors Influencing Health Status and Contact with Health Services, includes general medical examinations and special investigations.

(3) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(4) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Figure 8

Medical Services per Capita Cost(1) by Age Group and Sex, 1988/89.



(1) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Table 10

Medical and Other Health Services Average Cost per Patient by Type of Practice,

1984/85 to 1988/89.

Type of Practice	1984/85 $	1985/86 $	1986/87 $	1987/88(1) $	1988/89(2) $
Internal Medicine	60.64	63.60	64.79	68.96	71.67
Internal Medicine — Neurology	69.12	71.90	76.88	82.38	83.77
Paediatrics	49.89	50.52	53.39	55.87	57.52
Psychiatry	314.84	329.72	378.32	384.65	419.46
Surgery — General	121.81	127.54	134.03	143.47	147.67
— Thoracic & Cardiovascular	406.40	391.85	420.44	449.08	456.73
— Plastic	128.00	127.85	124.39	132.52	127.46
— Urological	133.43	137.75	141.14	148.16	154.49
— Orthopaedic	92.47	97.59	102.70	107.85	111.07
— Neurological	198.03	227.96	216.26	264.65	279.88
Ophthalmology	57.17	59.81	67.58	74.10	77.88
Otorhinolaryngology	66.27	67.11	70.51	72.46	75.65
Dermatology	44.01	46.54	50.44	51.22	53.16
Radiology	21.01	22.12	22.85	23.39	24.38
Pathology	34.70	33.11	41.54	41.29	39.33
Obstetrics and Gynaecology	93.90	97.96	100.48	104.88	108.27
Anaesthesia	92.90	99.80	109.39	118.79	125.27
General Practice — Urban	47.57	47.84	47.44	48.43	49.63
— Rural	53.78	53.69	58.24	61.21	60.89
— Emergency Medicine	—	24.13	28.38	29.50	31.60
Physical Medicine	88.62	107.48	116.08	132.14	135.65
Oral, Dental, and Periodontal Surgery	220.01	245.86	281.93	310.73	317.65
Optometry	23.53	24.08	24.95	25.53	24.95
Chiropractic	47.98	50.56	49.83	52.34	54.71

(1) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Table 11

Medical Costs and Percentage Distribution by Type of Service,

1987/88 and 1988/89.

Type of Service	1987/88		1988/89	
	Costs(2) $	Percent	Costs(3) $	Percent
Office Visits	90,591,870	41.7	93,748,919	42.1
Laboratory	26,413,486	12.1	25,176,775	11.3
Major Surgery	20,420,310	9.4	20,546,075	9.2
Other Diagnostic/Therapeutic Services	17,349,110	8.0	18,062,740	8.1
Consultations	16,111,660	7.4	16,709,977	7.5
Hospital Visits	10,090,501	4.6	10,283,595	4.6
Diagnostic Radiology	9,743,407	4.5	10,012,590	4.5
Anaesthesia	8,335,558	3.8	8,479,831	3.8
Obstetric Services	6,579,652	3.0	6,975,837	3.1
Special Visits	5,416,947	2.5	5,827,625	2.6
Minor Surgery	3,134,852	1.4	3,615,010	1.6
Surgical Assistance	1,844,219	0.8	1,828,876	0.8
Miscellaneous Services	1,410,178	0.6	1,552,457	0.7
Total(1)	**217,441,750**	**100.0**	**222,820,307**	**100.0**

(1) Excludes Out-of-Province Medical as well as Optometric, Oral, Dental, Periodontal, and Chiropractic services and costs.

(2) Include a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(3) Include a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

Table 12A

Average and Median Payments ($40,000 Gross)(1) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1987/88 and 1988/89.

Type of Practice	1987/88 (2) Number of Physicians	1987/88 (2) Average Payment $	1987/88 (2) Median Payment 1	1988/89 (3) Number of Physicians	1988/89 (3) Average Payment $	1988/89 (3) Median Payment $
Internal Medicine	133	138,760	102,270	130	144,220	112,390
Internal Medicine — Neurology	14	153,440	138,290	14	158,680	144,290
Paediatrics	62	134,870	135,230	67	132,330	126,900
Psychiatry	94	124,900	116,330	97	131,160	114,920
Surgery — General	66	163,850	171,180	68	162,740	154,300
— Thoracic and Cardiovascular	13	200,260	171,430	12	218,020	191,630
— Plastic	7	252,790	238,430	9	224,860	216,330
— Urological	16	200,230	204,180	16	214,310	210,210
— Orthopaedic	29	177,350	170,330	29	174,140	174,680
— Neurological	5	140,530	138,720	5	159,860	168,110
Ophthalmology	28	213,420	186,720	30	202,170	174,520
Otorhinolaryngology	20	155,780	150,360	16	171,350	179,210
Dermatology	12	168,750	152,230	11	187,930	194,660
Radiology	46	190,510	— (5)	45	212,470	— (5)
Pathology	14 (7)	— (6)	— (6)	14 (8)	— (6)	— (6)
Obstetrics and Gynaecology	59	168,290	147,640	56	186,560	172,550
Anaesthesia	73	128,580	— (5)	72	127,100	— (5)
General Practice — Urban (4)	436	113,530	106,430	442	117,200	109,810
— Rural	245	137,040	132,040	243	141,520	137,610
— Emergency Medicine	9	85,950	82,040	9	77,970	76,210
Physical Medicine	5	117,040	99,660	6	96,270	94,030
All Physicians	**1,386**	**137,440**	**120,600**	**1,391**	**141,650**	**120,730**

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) Includes payments issued directly to health practitioners, as well as payments to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the Average Payment represents professional services only and includes salary and contract payments made through hospitals, representing 69.0% of professional income in 1988/89. The Average Payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia), all other income from hospital contracts, uninsured services, non-residents, Worker's Compensation, etc. is excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(3) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

(4) Includes Brandon and Winnipeg.

(5) Median is not calculated because some hospital payments are allocated to the specialty and not to the individual.

(6) Average and median are not calculated because it is not possible to separate the technical and professional components.

(7) Eleven are registered as pathologists; the remaining three are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

(8) Twelve are registered as pathologists; the remaining two are registered as internists, but their practice is primarily as directors of laboratories being recognized by the College of Physicians and Surgeons as specialists in laboratory medicine.

Table 12B

Average and Median Payments (1/2 the Mean Threshold (2)) to Physicians by Specialty of Practice. Amounts represent gross payments by M.H.S.C. from which the physicians must pay overhead costs, 1987/88 and 1988/89.

Type of Practice	1987/88 Threshold	1987/88 Number of Physicians	1987/88 Average Payment $	1987/88 Median Payment $	1988/89 Threshold	1988/89 Number of Physicians	1988/89 Average Payment $	1988/89 Median Payment $
Internal Medicine	51,055	118	150,610	112,690	52,214	119	153,420	118,780
Internal Medicine — Neurology	67,923	12	170,510	143,730	64,089	13	166,050	146,200
Paediatrics	52,003 (2)	54	148,110	145,880	54,322 (2)	58	145,530	137,230
Psychiatry	57,253	89	129,110	119,230	59,608	90	137,080	121,750
Surgery — General	70,500	59	176,470	179,150	69,260	63	171,460	162,000
— Thoracic and Cardiovascular	87,796	12	211,880	193,240	94,673	12	218,020	191,630
— Plastic	111,327	7	252,790	238,430	93,113	8	245,900	219,860
— Urological	100,116	14	216,440	206,050	100,867	15	223,810	215,460
— Orthopaedic	75,185	27	186,380	175,190	70,357	29	174,140	174,680
— Neurological	70,263	5	140,530	138,720	79,931	5	159,860	168,110
Ophthalmology	88,984	22	254,040	240,300	94,790	21	259,600	257,730
Otorhinolaryngology	66,059	18	166,830	160,690	66,220	15	179,370	186,930
Dermatology	78,824	10	192,820	176,040	87,353	10	201,860	198,800
Radiology	—	46	190,510	—	—	45	212,470	—
Pathology	—	14	—	—	—	14	—	—
Obstetrics and Gynaecology	71,171	53	180,580	177,130	77,378	52	196,420	185,090
Anaesthesia	61,257	69	126,310	—	57,893	69	130,410	—
General Practice — Urban	52,003 (2)	394	120,800	115,420	54,322 (2)	405	123,600	117,760
— Rural	55,861	219	147,780	140,990	57,714	212	155,010	148,430
— Emergency Medicine	52,003 (2)	9	85,950	82,040	54,322 (2)	8	82,620	77,900
Physical Medicine	52,003 (2)	5	117,040	99,660	54,322 (2)	5	106,520	108,320
Physicians Exceeding Thresholds		**1,256**				**1,268**		
All Physicians (3)	**52,003**	**1,869**	**104,010**		**54,322**	**1,850**	**108,640**	

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

(1) The conditions stated in Table 12A also apply to Table 12B.

(2) Derived by computing the average income for all physicians within a bloc claiming at least one dollar through the fee-for-service arrangement in the fiscal year and dividing by two. If the threshold calculated for a specialty is less than 80% of the provincial threshold, the provincial threshold is substituted as the specialty threshold. 1/2 the mean threshold allows for differences in income levels between specialties and gives a more accurate picture of the average and median incomes of full-time physicians.

(3) All physicians excluding pathologists, receiving M.H.S.C. payments in excess of the provincial threshold.

Table 13

Average and Median Payments ($40,000 Gross) for Oral, Dental, and Periodontal Surgery, Optometry, and Chiropractic. Amounts represent gross payments by M.H.S.C. from which the practitioners must pay overhead costs,
1987/88 and 1988/89.

Type of Practice	1987/88			1988/89		
	Number of Practitioners	Average Payment $	Median Payment $	Number of Practitioners	Average Payment $	Median Payment $
Oral, Dental, and Periodontal Surgery	10	119,220	135,100	9	114,460	111,200
Optometry	64	73,920	69,950	63	77,430	69,960
Chiropractic	92	85,910	79,270	92	88,910	82,110

Table 14

Medical and Other Health Practitioner Services and Costs,

1987/88 and 1988/89.

Type of Practice	Number of Services		Costs	
	1987/88	1988/89	1987/88(1) $	1988/89 (2) $
Internal Medicine	929,601	895,791	19,489,122	19,922,243
Internal Medicine — Neurology	56,653	59,884	2,173,529	2,307,214
Paediatrics	565,518	561,960	9,162,942	9,579,867
Psychiatry	562,885	565,341	9,797,998	10,462,822
Surgery — General	252,676	245,248	11,087,273	11,182,549
— Thoracic and Cardiovascular	14,658	16,694	2,550,478	2,650,836
— Plastic	35,127	39,485	1,781,146	2,048,480
— Urological	56,444	58,120	3,203,718	3,429,491
— Orthopaedic	121,250	113,186	5,265,406	5,216,572
— Neurological	9,312	13,967	702,634	799,307
Ophthalmology	149,330	143,565	6,052,926	6,066,592
Otorhinolaryngology	102,725	83,637	3,178,202	2,788,426
Dermatology	132,883	132,863	2,049,414	2,096,468
Radiology(3)	662,871	647,248	10,232,758	10,478,393
Pathology	3,320,833	3,334,713	24,413,857	23,352,902
Obstetrics and Gynaecology	317,690	315,663	10,076,148	10,537,077
Anaesthesia	92,465	80,678	6,919,547	6,895,563
General Practice — Urban(4)	3,598,279	3,671,730	51,684,152	54,516,963
— Rural	2,443,420	2,383,787	36,316,607	37,288,332
— Emergency Medicine	36,642	31,872	774,529	702,586
Physical Medicine	44,430	39,379	529,364	497,624
Sub-Total In-Province Medical Services	**13,505,692**	**13,434,811**	**217,441,750**	**222,820,307**
Out-of-Province Doctors	142,606	169,295	3,687,689	4,270,956
Out-of-Province Agreement	8,034	6,673	146,837	124,641
Total Medical Services	**13,656,332**	**13,610,779**	**221,276,276**	**227,215,904**
Oral, Dental, and Periodontal Surgery	13,275	12,467	1,327,457	1,244,536
Optometry	223,455	230,690	5,306,730	5,490,994
Optometry Out-of-Province Agreement	139	121	3,358	2,927
Chiropractic	826,987	822,106	8,058,450	8,676,886
Chiropractic-Out-of-Province Agreement	1,147	936	11,406	10,254
Total Other Health Services	**1,065,003**	**1,066,320**	**14,707,401**	**15,425,597**
Grand Total Services	**14,721,335**	**14,677,099**	**235,983,677 (5)**	**242,641,501 (5)**

(1) Includes a general increase of 3% plus a shoring-up adjustment of $1.0 million to selected specialties resulting in a 3.48% overall increase in the schedule of fees and $1.23 million for the professional liability insurance fund.

(2) Includes a general increase of 3% plus a shoring-up adjustment of $2.0 million to selected specialties resulting in a 3.92% overall increase in the schedule of fees and $2.13 million for the professional liability insurance fund.

(3) Includes both technical and professional components of fee.

(4) Includes Brandon and Winnipeg.

(5) Figures include $1,807,146 for 1987/88 and $2,507,187 for 1988/89 which represent the value of services submitted by salaried practitioners.

Financial Summary of Operations for the Year Ended March 31, 1989

Hospital Services

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 101 hospitals in Manitoba that receive payments from the Commission; 20 are federal hospitals, 18 of which are northern nursing stations; and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1989 amounted to $788,766,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1989	1988
	(thousands of dollars)	
Public General Hospitals	$ 742,027	$ 696,044
Community Health Centres and Clinics	12,769	10,750
Federal Hospitals	1,589	1,418
Contract Facilities and Red Cross Blood Transfusion Services	14,216	12,395
Hospitals Outside the Province	18,165	14,466
	$ 788,766	$ 735,073

During the year ended March 31, 1989 the average daily in-patient cost in a public general hospital in Manitoba was $412.68 compared to $385.34 for the previous year, an increase of 7.1%.

The increase for public general hospitals approximates $46.0 Million. Of this increase, $36.5 Million is due to increased salaries, supplies, and other costs, and $9.5 Million is for new/renovated facilities and equipment.

Medical and Other Health Services

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, and specific prosthetic and orthotic devices and services are covered as established by regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1989, together with comparable figures for the previous year is as follows:

	1989	1988
	(thousands of dollars)	
Medical Services	$ 225,632	$ 222,418
Dental and Oral Surgery	1,245	1,283
Physician Incentive Program	236	211
Salary and Other Payments to Physicians	2,122	2,172
Total Medical Services (1)	$ 229,235	$ 226,084
Optometric Services	5,475	5,357
Chiropractic Services	9,011	8,132
Prosthetic and Orthotic Devices	3,341	3,171
Total Other Health Services	17,827	16,660
Total Medical and Other Health Services	$ 247,062	$ 242,744

(1) The medical service expenditures have not been restated to reflect the impact of the overestimation of the liability for medical services claims as at March 31, 1988. The restated figures are shown in Note 7 to the Financial Statements.

Personal Care Home Services

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in personal care homes. Insured residents were required to pay an average residential charge of $19.97 per day during the year ending March 31, 1989. Residential charges during the year were as follows:

April 1, 1988	—	$19.60
August 1, 1988	—	19.90
November 1, 1988	—	20.20
February 1, 1989	—	20.50

As at March 31, 1989 there were 8,401 beds included in the program (6,045 non-proprietary beds and 2,356 proprietary beds).

A summary of expenditures of the personal care home program for the year ended March 31, 1989 together with comparable figures for the previous year is as follows:

	1989	1988
	(thousands of dollars)	
Resident Services	$ 181,426	$ 161,399
Drug Costs	5,364	4,666
Adult Day Care	1,382	1,344
Therapy Services	1,561	1,684
	$ 189,733	$ 169,093

Program costs increased by $20.6 Million. Increased salaries, supplies and other costs were $13.3 Million and costs of new and renovated facilities were $10.9 Million. These increased costs were offset in part by a $3.6 Million increase in residential charges during the year.

Pharmacare

Costs of the universal pharmacare program for the year ended March 31, 1989 amounted to $40,390,000 compared with $37,428,000 in the previous year. For the 1988 benefit period, the Manitoba Health Services Commission reimbursed resident claimants for 80% of the cost of eligible prescription drugs in excess of $85 for residents age 65 and over and in excess of $150 for residents under age 65.

Ambulance Program

Under this program grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs and for training programs. The grants are made to municipalities on a per capita basis.

Expenditures for 1988/89 include an additional grant of $1.9 Million which was provided to the ambulance services and is intended to reduce inequities in the per capita grants. In addition to the grants, the Commission provides funds for the training of ambulance personnel.

Total cost of the ambulance program for the year ended March 31, 1989 was $4,199,000 compared with $2,310,000 in the previous year.

Air Ambulance Program

During 1984/85, Government approved the establishment of an air ambulance progam to service all of Manitoba. The role of the air ambulance is to provide a rapid long distance transport for the acutely sick and injured within the Province of Manitoba on a 24-hour basis and the transport of Manitoba residents out of the province for medically required emergency services that are not available in Manitoba.

The program became operational in January 1986. Expenditures for the year ended March 31, 1989 were $3,104,000 compared with $2,742,000 in the previous year.

Northern Patient Transportation Program

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1989 amounted to $2,744,000 compared with $2,773,000 for the previous year.

Administrative Expenses

Administrative expenses of the Commission amounted to $18,595,000 for the year ended March 31, 1989 or 1.4% of the total expenditures, compared with $17,556,000 and 1.5% for the previous year.

Revenue

For the year ended March 31, 1989 the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

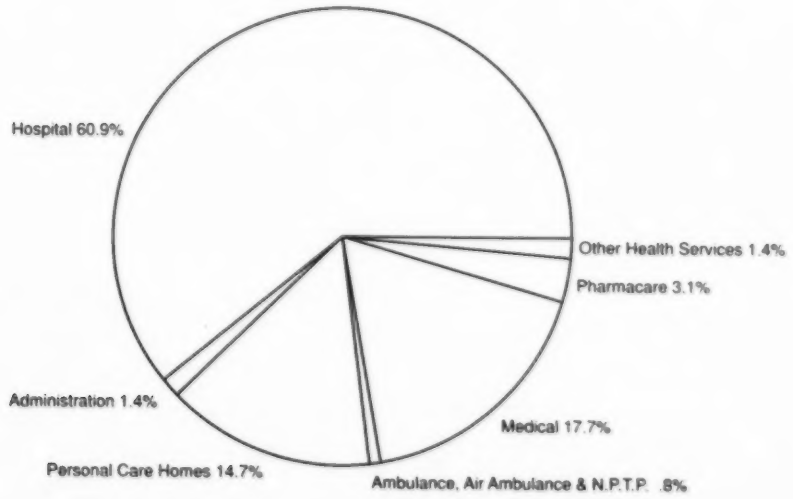
As in the previous year, federal contributions pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1989 is $1,294,618,000 compared with $1,209,734,000 for the previous year.

Working Capital

The financial operations of the Commission for the year ended March 31, 1989 resulted in an excess of revenue over expenditure of $25,000 which resulted in a closing working capital account of $710,000.

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ended March 31, 1989.



Manitoba Health Services Commission
Comparison of Actual Expenditures with Planned Expenditures
For the Year Ended March 31, 1989

Planned expenditures, net of third party recoveries and miscellaneous income, for the year ended March 31, 1989 were $1,307.5 Million as compared with actual expenditures of $1,288.9 Million, resulting in an underexpenditure of $18.6 Million or 1.4% of total expenditures. The underexpenditure has been transferred back to the Provincial Consolidated Fund.

Manitoba

Manitoba Health Services Commission

Report of the Provincial Auditor's Office

We have examined the financial statements, being Statements A, B, C and Schedule 1, of the Manitoba Health Services Commission for the fiscal year ended March 31, 1989. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1989 and the results of its operations for the year then ended in accordance with the accounting policies stated in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

June 23, 1989,
Winnipeg, Manitoba.

F.H. Jackson, C.A.,
Provincial Auditor.

Statement A

Manitoba Health Services Commission

Balance Sheet

As at March 31, 1989
(With 1988 Figures for Comparison)

Assets	1989	1988
	(thousands of dollars)	
Cash on hand and in bank	$ 6,191	$ 6,538
Funds on deposit, Government of the Province of Manitoba	58,465	56,541
Accounts receivable:		
Government of the Province of Manitoba (Note 6)	625	554
Other Provinces and Territories	7,528	5,743
Other	637	2,093
	8,790	8,390
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	—	—
	73,446	71,469
Funds held in trust re debenture trust agreements (per contra) (Note 2)	22,599	20,439
	$ 96,045	$ 91,908

Liabilities	1989	1988
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 4,909	$ 3,834
Estimated adjustment payments under section 60(2) of The Health Services Insurance Act and other costs, net	29,846	19,094
	34,755	22,928
Medical services claims (Note 7)	25,105	34,613
Pharmacare claims	9,189	10,154
Ambulance grants	739	283
Air ambulance	86	60
Northern patient transportation claims	175	82
Other health services claims	1,866	1,790
General	821	874
	72,736	70,784
Working capital account, Statement C	710	685
	73,446	71,469
Funds held in trust re debenture trust agreements (per contra)	22,599	20,439
	$ 96,045	$ 91,908

The accompanying notes are an integral part of the financial statements.

Statement B

Manitoba Health Services Commission

Statement of Revenue and Expenditure

For the year ended March 31, 1989
(With 1988 Figures for Comparison)

	1989	1988
	(thousands of dollars)	
Revenue:		
Grants from the Government of the Province of Manitoba	$ 1,288,866	$ 1,206,028
Third party recoveries (Note 1)	5,534	3,658
Miscellaneous income	218	48
Total revenue	$ 1,294,618	$ 1,209,734
Expenditure:		
Hospital services:		
Hospitals within the Province	$ 770,601	$ 720,607
Hospitals outside the Province	18,165	14,466
	788,766	735,073
Medical services (Note 7)	229,235	226,084
Personal care home services	189,733	169,093
Pharmacare program	40,390	37,428
Ambulance program	4,199	2,310
Air ambulance program (Note 4)	3,104	2,742
Northern patient transportation program	2,744	2,773
Other health services (Note 5)	17,827	16,660
Administrative expenses, Schedule 1	18,595	17,556
Total expenditure	$ 1,294,593	$ 1,209,719
Revenue over expenditure, Statement C	$ 25	$ 15

The accompanying notes are an integral part of the financial statements.

Statement C

Manitoba Health Services Commission

Statement of Working Capital Account

For the year ended March 31, 1989
(With 1988 Figures for Comparison)

	1989	1988
	(thousands of dollars)	
Balance, beginning of year	$ 685	$ 670
Add, revenue over expenditure, Statement B	25	15
Balance, end of year, Statement A	$ 710	$ 685

The accompanying notes are an integral part of the financial statements.

Schedule 1

Manitoba Health Services Commission

Schedule of Administrative Expenses

For the year ended March 31, 1989
(With 1988 Figures for Comparison)

	1989	1988
	(thousands of dollars)	
Salaries and employee benefits	$ 12,443	$ 11,818
Office equipment	2,771	2,468
Professional services	641	766
Stationery and office supplies	612	560
Postage, express and delivery	436	404
Pension payments (Note 1)	422	383
Health and post-secondary education tax levy	283	260
Telephone	212	199
Maintenance of land, building and office equipment	182	173
Grant in lieu of realty taxes	180	173
Travel	119	115
Utilities	107	99
Building renovations	71	23
Bank charges	66	66
Miscellaneous	31	39
Commissioners' remuneration	19	10
	$ 18,595	$ 17,556

The accompanying notes are an integral part of the financial statements.

Manitoba Health Services Commission

Notes to the Financial Statements

March 31, 1988

Note 1. Significant Accounting Policies

The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) Pension

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred. A provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report issued in January, 1988, the unfunded provision for the Commission's employees amounted to $16,992,500 as at December 31, 1988 ($14,939,500 as at December 31, 1987).

(ii) Third Party Recoveries

Third party recoveries are recorded on a cash basis.

(iii) Inventories

Purchases of supplies are charged to operating expenditures as incurred. The Commission does not record the value of supplies on hand as an asset.

(iv) Land, Buildings, Furniture and Equipment

Land, buildings, furniture and equipment are charged to operating expenditures in the year of acquisition. As at March 31, 1989, the Commission owns the following fixed assets:

1. Land and buildings of the Rehabilitation Centre for Children, Inc.
2. Land on which the building owned by the Manitoba Adolescent Treatment Centre Inc. is located.
3. Land and buildings of the Deer Lodge Centre Inc.
4. Land and buildings of the Rideau Park Personal Care Home Inc.
5. Land acquired for future development of a health care facility.
6. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.
7. Furniture and equipment located in the administration building.

The Commission is in the process of effecting the transfer of title to its administration building and land to Manitoba Properties Inc. The Commission retains its use of and control over these assets.

Note 2. Funds Held in Trust re Debenture Trust Agreements

At March 31, these funds were on deposit as follows:

	1989	1988
	(thousands of dollars)	
Bank	$ 19,241	$ 17,043
Government of the Province of Manitoba	3,358	3,396
	$ 22,599	$ 20,439

Note 3. Capital Financing

Hospitals and personal care homes have obtained financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities and assists in obtaining an orderly market for the sale of the securities to finance these capital expenditures. Although this indebtedness is not guaranteed by the Commission, funds required for the payment of principal and interest related to approved capital debt incurred for the construction and acquisition of capital assets for the provision of insured services are included in the Commission's expenditures. For the year ended March 31, 1989, the amount related to principal and interest payments included in the expenditures for hospital and personal care home services shown on Statement B was $82,759,000 ($67,661,000 for the year ended March 31, 1988).

As at March 31, 1989, the approved outstanding capital debt in Canadian dollars of hospitals and personal care homes was $429,327,000 ($404,396,000 as at March 31, 1988).

In addition to the approved outstanding capital debt, lines of credit up to $72,458,000 ($72,445,000 as at March 31, 1988) have been approved to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt.

Note 4. Lease Commitment

Effective November 1, 1985, the Commission entered into a lease purchase agreement for the acquisition of an aircraft for the air ambulance program. The interest rate for the lease is equal to the monthly bank prime rate.

Based on a 10% average monthly prime interest rate, the future annual lease payments will be:

	Annual Lease Payments
	(thousands of dollars)
Year Ending March 31, 1990	$ 1,044
April 1, 1990 to October 31, 1990	609
	$ 1,653

Under the terms of the lease, the Commission has the option to purchase the aircraft on November 1, 1990 at a price of $1,217,000, or to continue to lease the aircraft for an additional 16 months at $81,000 per month.

Note 5. Other Health Services

This group of expenditures consists of:

	1989	1988
	(thousands of dollars)	
Optometric	$ 5,475	$ 5,357
Chiropractic	9,011	8,132
Prosthetic and Orthotic	3,341	3,171
	$ 17,827	$ 16,660

Note 6. Manitoba Children's Dental Program

Effective April 1, 1985, the Commission assumed responsibility for processing and payment of claims under the Manitoba Children's Dental Program. The Department of Health is responsible for the establishment of policy for the administration of the program and for providing the Commission with funds for the payment of approved claims.

For the year ended March 31, 1989, the Commission paid claims for approved services amounting to $1,350,000 ($1,465,000 for the year ended March 31, 1988). Of this amount, $982,000 ($1,012,000 for the year ended March 31, 1988), was recovered from the Department of Health during the year ended March 31, 1989. The balance of $368,000 is included in accounts receivable — Government of the Province of Manitoba as at March 31, 1989 ($453,000 as at March 31, 1988). These payments and recoveries have been excluded from the statement of revenue and expenditure.

The Commission's direct administrative costs for processing the payment of claims are not recovered from the Department. These costs amounted to approximately $147,000 for the year ended March 31, 1989 ($141,000 for the year ended March 31, 1988).

Note 7.

The prior period comparable figures include an overestimate in the liability for the medical services claim of $3,118,000 as at March 31, 1988. This has resulted in an understatement of the 1989 expenditure for medical services and an overstatement of the 1988 expenditure for medical services by this amount. Had the medical services expenditure been restated in Statement B they would be as follows:

	1989	1988
	(thousands of dollars)	
Medical Services	$232,353	$222,966

The 1988 working capital account balance is also understated by $3,118,000.